

**APPLICATION FOR ASSISTED LIVING ADMINISTRATOR LICENSE
RENEWAL
BY LICENSED NURSING HOME ADMINISTRATOR**

ALA License # _____ Expiration Date of ALA License _____

NHA License # _____ Expiration Date of NHA License _____

In accordance with Rule 135-X-7-.01(10) of the Alabama Administrative Code, I hereby make application for renewal of my license as an assisted living administrator with the Alabama Board of Examiners of Assisted Living Administrators.

Name _____
Last First Middle

Current Mailing Address _____
Street / P.O. Box

City _____ State _____ Zip Code _____

Telephone Number with Area Code (Home) _____

During the last year, have you been convicted of a felony or misdemeanor (other than a minor traffic violation); entered a plea of guilty; entered a plea under a first offender provision, been a defendant in a malpractice claim or had a professional license or membership sanctioned either publicly or privately?

NO **YES** If, YES attach copy of relevant documents.

I currently have responsibility for the administration of the following assisted living facility:

Facility Name: _____

Address: _____
Street

City _____ State _____ ZIP _____

Telephone with Area Code _____

Please check the appropriate statement:

- (a) I am the administrator of record for the above listed facility.
- (b) I am not the administrator of record, but I do have responsibility for administration of the above listed facility.

To receive your Assisted Living Administrator license renewal card, please renew online at www.boeala.alabama.gov and click on **NHA Renewal for ALA License**:

****EFFECTIVE AUGUST 1, 2018 - ALL FEES MUST BE PAID ONLINE****

I understand that (1) this A. L. A. license shall become void if ever my Nursing Home Administrator license becomes void and (2) that this A. L. A. license shall become "inactive" if I no longer have responsibility for administration of an assisted living facility.

Signature of Applicant: _____

Date: _____ SSN # _____

In accordance with **Rule 135-X-7-.01(4)(a) of the Alabama Administrative Code**, any person currently employed at an assisted living facility is authorized to apply for license renewal only if said facility that employs the licensee is licensed by the Alabama Department of Public Health.

The below items **MUST** be faxed (334) 239-7044 or emailed CHAUSTIN3@gmail.com by the expiration date of your license.

- A copy of your NHA license renewal card
- A copy of the State license of the assisted living facility for which you have administrative responsibility

Credit Card Authorization Form

Name of Applicant / Licensee:

Amount to Charge

_____ \$ _____

Please Charge my Visa____MasterCard____Discover____AMEX____

Name on Card: _____

Card Number: _____ CVV: _____

Expiration Date: _____ Signature: _____

Billing Zip Code: _____ Phone #: _____

Please check the item you wish to charge:

- ____ Initial Application Cat. I \$100.00
- ____ Initial Application Cat. II \$125.00
- ____ Examination \$150.00 (Section A) \$150.00 (Section B)
- ____ Classroom Training* \$450.00*
- ____ Initial License Fee \$125.00
- ____ License Renewal \$150.00
- ____ Reciprocity Questionnaire \$100.00
- ____ Late Renewal Penalty \$275.00
- ____ Inactive Reactivation Fee \$325.00
- ____ Bad Check Fee \$30.00
- ____ Emergency Permit \$350.00
- ____ Administrative Fee \$100.00
- ____ Administrative Fines \$5,000.00
- ____ Copies (per page) \$.75 (per page 1-25) \$.25 (per page 26+)

****There will a 3.5% Convenience Fee added to your transaction effective 8/1/18, the current fee is 4%****