

Notification of Change in Personal/Employment Information

According to Rule 135-X-11-.01(3) of the Alabama Administrative Code, licensed assisted living administrators are to immediately notify the Board of Examiners of any changes in name, contact information and/or employment status.

I am requesting that the Board of Examiners of Assisted Living Administrators make the following changes in my records:

Name Change

Old Name: _____

New Name: _____

Home Address Change

Old Address: _____

Phone _____

New Address: _____

Phone _____

Employment Change

A. Old Employer: _____

Name of Assisted Living Facility _____

Address _____

City _____ Zip _____ Phone _____

New Employer: _____

Name of Assisted Living Facility _____

Address _____

City _____ Zip _____ Phone _____

Title _____

B. I am no longer employed by or part of the governing authority of an assisted living facility in the state of Alabama.

Effective Date of Change: _____ A.L.A. License Number: _____

Printed Name of Licensee: _____

Signature of Licensee: _____