



If YES, length of continuing education program \_\_\_\_\_

Is applicant in good standing with your board at this time?  YES  NO

If NO, please explain \_\_\_\_\_

Has applicant ever been disciplined by your Board?  YES  NO

If YES, please explain \_\_\_\_\_

Is the applicant currently being investigated for any possible criminal action or future board disciplinary action?  
 YES  NO

If YES, please explain \_\_\_\_\_

I certify that the information provided is true and correct, according to the records of the board.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Executive Officer*

\_\_\_\_\_  
*State Board*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State and Zip Code*

\_\_\_\_\_  
*Area Code and Phone Number*

**Please Return to:**

Executive Director  
Alabama Board of Examiners of Assisted Living Administrators  
60 Commerce Street Suite 1440  
Montgomery, AL 36104

