

Continuing Education Pre-Approval Request For Licensed Assisted Living Administrators

Please attach speaker bios, course outlines and a complete program agenda for review.

In order to be reviewed, this completed form and the above information must be received in the Board of Examiners' office at least 30 days prior to the date of the course.

Date: _____

Open to the public: Yes No

Licensee's Name: _____ A.L.A. License Number: _____

Mailing Address: _____

Program Title: _____

Program Date: _____ Program Location: _____

Program Objective & Content (A brief description of the purpose of the program)

Number of Contact Hours Requested: _____

(Only count actual classroom hours. No credit will be given to the time spent in registration, breaks, luncheons, dinners, or other non-instructional activities.)

Sponsor(s) of the Program: _____

Address: _____

Phone: _____

Contact Person: _____

Contact Person Email: _____

Methods used to advertise this seminar: (Circle each that apply)

Email Mailer Website Other: _____

Board of Examiners of Assisted Living Administrators
60 Commerce Street Montgomery, AL 36014
Telephone: (334) 239-7044 Fax: (334) 801-9579

**** If over 10 pages, please mail the request to the above address****

Please initial that you have read the following statement:

YOUR CEU PROGRAM MAY BE SUBJECT TO AUDIT BY THE EXECUTIVE DIRECTOR OR DESIGNEE _____