CHECKLIST OF REQUIRED ITEMS TO BE SUBMITTED TO THE BOARD OF EXAMINERS

I have enclosed or submitted for completion:

- ☐ Completed, signed, and notarized application
- ☐ Copy of driver's license or other proof of age
- ☐ Copy of high school diploma, GED, or college transcript
- ☐ Two character reference form letters *(These must be mailed directly from the persons completing the letters to the Board of Examiners. Application will not be complete until both letters are received)*
- ☐ Proof of required work experience or Board approved internship program.
- ☐ Endorsement from Employer form **(if applicable)**
- ☐ Reciprocity Questionnaire **(if applicable)**
- ☐ Proof of application of U.S. citizenship or letter of intent **(if applicable)**
- ☐ Commitment to Fulfill Experience Requirement form **(if applicable)**
- ☐ Accommodation Request Form **(if applicable)**
- ☐ Copy of facility's State license
- ☐ Classroom Training and Test Dates form with registration dates for Sections A and B of exam and training checked. (Obtain form from http://boeala.alabama.gov/training.aspx)
- ☐ **Nonrefundable** application fee (Cat. I - $100) (Cat. II - $125)
- ☐ Background Check Release Form
- ☐ Alabama Immigration Law Affidavit Form

ALL forms can be found on http://boeala.alabama.gov/forms.aspx

Your application will not be considered complete until the application and all required documentation is received.
It is your responsibility to check the status of your application if you have not heard back from us within 12 days of receipt of the application.

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

Mail application and other required documents to:

Alabama Board of Examiners of Assisted Living Administrators
Attn: Claire H. Austin Executive Director
60 Commerce Street – Suite 1440
Montgomery, AL 36104

ACCEPTABLE DOCUMENTS

HB56, Section 29(k):

1) Driver's license or nondriver's identification card
2) Birth certificate
3) Pertinent Pages of a United States valid or expired passport (must show passport number)
4) United States naturalization documents or the number of the certificate of naturalization
5) Other documents or methods of proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, and amendments thereto;
6) Bureau of Indian Affairs card number, tribal treaty card number or tribal enrollment number
7) Consular report of birth abroad of a citizen of the United States of America
8) Certificate of citizenship issued by the United Stated Citizenship and Immigration Services
9) Certification of report of birth issued by the United States Department of State
10) American Indian Card, with KIC Classification issued by the US Department of Homeland Security
11) Final adoption decree showing the applicant's name and United States birthplace
12) Official United States Military record of service showing the applicant's place of birth in the United States
13) Extract from a United States hospital record of birth created at the time of the applicant's birth indicating the applicant's place of birth in the United Sates

HB56, Section 3(10:

1) Valid, unexpired driver's license
2) Valid, unexpired nondriver identification card
3) Valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier.
4) Valid United States federal or state government issued identification document bearing a photograph or other biometric identifier, if issue by an entity that requires proof of lawful presence in the United States before issuance.
5) Foreign passport with an unexpired United States Visa and a corresponding stamp or notation by the United States Department of Homeland Security indicating the bearer's admission to the United States.
6) Foreign passport issued by a visa waiver country with the corresponding entry stamp and unexpired duration of stay annotation or an I-94W form by the United States Department of Homeland Security indicating the bearer's admission to the United States.

APPLICATION FOR LICENSE AS AN ASSISTED LIVING ADMINISTRATOR

Please print clearly or type all answers. If there is not sufficient space, use additional sheets and number accordingly.

An application will expire 90 days from the date approved. After the expiration date, the applicant will be required to resubmit a new application and will be responsible for all applicable fees.

Your completed application and required documents must be postmarked at least 30 days prior to the Section A testing for which you register.

Date: _____ Email Address: _____

I hereby make application for a License as an Assisted Living Administrator in the State of Alabama. Following completion and acceptance of my application, I request to sit for the following assisted living licensure examination:

(Choose One): ☐ **Category I Administrator** $100.00 App Fee (to administer Assisted Living Facilities)

☐ **Category II Administrator** $125.00 App Fee (to administer Assisted Living Facilities, Specialty Care Assisted Living Facilities, or a combination)

1. Name _____
   (Last) (First) (Middle) (Maiden)
2. Home Address _____
   (Street) (City) (State) (Zip)
3. Business Address _____
   (Street) (City) (State) (Zip)
4. Telephone Number (H) _____ (W) _____
5. Date of Birth ____/____/____ Place of Birth _____
6. Are you a citizen of the United States? ☐ YES ☐ NO
   If NO, please provide appropriate documentation from the federal government.
7. Social Security Number: ___ ___ ___ - ___ ___ - ___ ___ ___ ___
8. Education: (a) Please circle the highest grade completed: 6 7 8 9 10 11 12

   Name of High School: _____

   Address: _____
   (Street) (City) (State) (Zip Code)

   (b) Did you graduate? ☐ YES Date of Graduation: _____

   ☐ NO Date of GED receipt: _____

(c) Name of College or University: _____

Address:_____
(City) *(State)*

(d) Did you graduate? ❑ YES ❑ NO Date of Graduation:_____

Degree:_____

(e) Other educational training: Name:_____

Address:_____
(Street) *(City)* *(State)* *(Zip Code)*

Dates attended: From _____ To _____

Certificate Received?: ❑ YES ❑ NO

Subjects: _____

_____

9. Employment history for the past 10 years, include military experience, if any. ***Please list your current or most recent work experience first.***

Employer's Name:

_____

Address: _____
(Street) *(City)* *(State)* *(Zip Code)*

Employed from _____TO_____

Job Title: _____

Description of Duties:_____

_____

_____

_____

Employer's Name:

_____

Address: _____
(Street) *(City)* *(State)* *(Zip Code)*

Employed from _____ TO _____

Job Title: _____

Description of Duties: _____

_____

_____

_____

Employer's Name:

_____

Address: _____
(Street) *(City)* *(State)* *(Zip Code)*

Employed from _____ TO _____

Job Title: _____

Description of Duties: _____

_____

_____

Employer's Name:

_____

Address:

_____
(Street) *(City)* *(State)* *(Zip Code)*

Employed from _____ TO _____

Job Title: _____

Description of Duties: _____

_____

_____

_____

Employer's Name:

_____

Address:

_____

(Street) *(City)* *(State)* *(Zip Code)*

Employed from _____ TO _____

Job Title: _____

Description of Duties: _____

_____

_____

_____

10. Membership in Professional Societies and/or Organizations:

Name	Date of Membership	Offices Held	Active or Inactive

11. Professional Certificates and/or Licenses held: (Include such items as fellowships in American College of Hospital Administrators and American College of Health Care Administrators, Nursing Home Administrator, RN, LPN, CPA, etc. Do not include academic degrees. Give complete information for each certificate or license you hold or have ever held.)

Type of Certificate Or License	Name of State or Other Authority	Year of Original Issue	Year of Latest Issue	Current or Latest Registration Number

12. (a) Have you **EVER** been convicted of a felony? ❑ YES ❑ NO

Ala. Admin. Code r. 135-X-5-.03(3). An applicant for examination who has been convicted of a felony by any court in this state, or by any court of the United States, shall not be admitted to or be permitted to take the examination provided for herein unless he/she shall first *submit to and file with the Board*, a certificate of good conduct granted by the Board of Parole or, in the case of a conviction in any jurisdiction wherein the laws do not provide for the issuance of a certificate of good conduct, an equivalent written statement or document.

(b) Have you **EVER** been convicted of a misdemeanor? ❑ YES ❑ NO

Ala. Admin. Code r. 135-X-5-.03(4). An applicant for examination who has been convicted of a misdemeanor, except a petty traffic offense, shall not be admitted to or be permitted to take the examination provided for herein unless he/she shall first submit to, and file with the Board a certificate or letter of good conduct from the proper parole, probation, court, or police authorities wherein such conviction was had, or submit an equivalent written statement or document. For the purpose of this paragraph, a petty traffic offense shall be any and every misdemeanor relating to the operation of motor vehicles except: Driving while under the influence of intoxicating liquors, narcotics, stimulating or hallucinating drugs; leaving the scene of an accident; and manslaughter resulting from the operation of a motor vehicle.

13. If you are currently employed in an assisted living facility, is it an ALF or SCALF or Both? _____
If applicable, attach a copy of the current license issued to the facility you are now affiliated with.

14. Have you applied for licensure by examination as an assisted living administrator in any state or states? ❑ YES ❑ NO State(s):_____

15. Have you **EVER** had a certificate or other professional license revoked, suspended or ANY type of disciplinary action taken? ❑ YES ❑ NO
If YES, attach an explanation, relevant documents and a description of the current status.

16. Are you currently registered as an assisted living administrator in any other state? ❑ YES ❑ NO
If YES, please have the applicable State Licensure Board complete the enclosed Reciprocity Questionnaire. A questionnaire must be filled out for each state in which you hold or have held an assisted living administrator's license.

17. Applicant must furnish references from two (2) individuals employed in the health care or patient care industry who is able to verify the good moral character of the applicant, who are not related to the applicant by blood or marriage, have known the applicant for at least 12 months and are in a position to provide information in regard to the applicant's good moral character. ***Two form letters which are to be used by these individuals are enclosed with this application and should be mailed by the individuals directly to the Board of Examiners.*** Please list below the names and addresses of whom the two references will be from:

a. Name: _____ Occupation: _____

Address: _____
(Street) *(City)* *(State)* *(Zip Code)*

b. Name: _____ Occupation: _____

Address: _____
(Street) *(City)* *(State)* *(Zip Code)*

EMPLOYMENT VERIFICATION

I _____ authorize the Board of Examiners of Assisted Living
(print name)

Administrators to verify my current and past employment.

_____ _____
Signature Date

AFFIDAVIT OF APPLICANT

_____, on oath, do promise and swear that, if my application is
Printed Name of Applicant

accepted, and I should be granted a license to practice as an Assisted Living Administrator in the State of Alabama, I will obey the laws of the State, the Rules and applications of the Alabama Board of Examiners of Assisted Living Administrators, and maintain the honor and dignity of the profession.

It is understood and agreed that if I fail to keep the above agreement or if I have made any false statements in this application, my license may be suspended or revoked by the Board at any time.

I further state that all the statements made by me in this application are true and correct.

_____
Signature of Applicant

Sworn to and subscribed before me this _____ day

of _____, _____.

_____
Notary Public

My commission expires _____.

STATE OF _____)

COUNTY OF _____)

AFFIDAVIT OF APPLICANT

_____, on oath, do promise and swear that,
Printed Name of Applicant

In accordance with the Alabama Immigration Law ALL new applicants and ALL renewal applications received on or after October 1, 2011 must provide, with their online or mail-in application, a notarized affidavit with a notarized copy of one (1) of the documents stated in HB56, Section 29(k) or HB56, Section 3(10).

ALL applicants or renewal applicants who cannot provide the documentation as provided in HB56, Section 29(k) or HB56, Section 3(10) shall be denied a license. All applicants or renewal applicants who provide documentation of alien status, pursuant to HB 56, Section 3(10), shall be verified through the S.A.V.E. program or the Department of Homeland Security pursuant to 8 U.S.C. §1373. Any applicant not lawfully in the United States shall be denied a license.

It is understood that if I have provided any false documents or, documents not originally issued to me, that my license may be suspended or revoked by the Board at any time.

I hereby state that all the documents provided by me are true and correct copies of documents issued to me by a governmental agency or tribal authority.

I further state that I have been provided a list of the documents that are acceptable to verify my identity and that verify my ability to work and/or reside in the United States. Of the list of documents provided, I have attached a notarized copy of my_____.
Name of Acceptable Document

_____
Signature of Applicant

ATTESTATION

I, _____, a notary in the State of _____
(printed name of notary)

hereby attest to the fact the above named individual signed the above affidavit in my presence on

this _____ day of _____ 201__.

Sworn to and subscribed before me this _____ day of _____, _____.

_____
Notary Public
My commission expires: _____.

CHARACTER REFERENCE FORM

This form is to be completed by individuals employed in the health care or patient care industry who is able to verify the good moral character of the applicant. The two letters of character reference shall be from individuals who are not related by blood or marriage to the applicant and who have known the applicant for at least one year.

Note: Please complete this form and return it by mail to the:

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

(Faxed copies will not be accepted. The ORIGINAL form must be mailed to the BOEALA by the individual filling out the form.)

NAME OF APPLICANT: _____

RELATIONSHIP TO APPLICANT: _____

DATE: _____

Please initial each of the statements below verifying if the information is true.

I verify that:

_____ I have known the above named applicant for at least one (1) year;

_____ I am not related to the applicant by blood or marriage; and

_____ The applicant is of good moral character; and

_____ I am not in a subordinate position to the applicant.

Additional Comments (Requested):

_____

_____

_____

_____

_____

Signed: _____

Please Print Name & Job Title: _____

Address: _____

_____

Phone: _____

Name of Business where you are currently employed:

_____

CHARACTER REFERENCE FORM

This form is to be completed by individuals employed in the health care or patient care industry who is able to verify the good moral character of the applicant. The two letters of character reference shall be from individuals who are not related by blood or marriage to the applicant and who have known the applicant for at least one year.

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DATE: _____

Please initial each of the statements below verifying if the information is true.

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_____ I am not related to the applicant by blood or marriage; and

_____ The applicant is of good moral character; and

_____ I am not in a subordinate position to the applicant.

Additional Comments (Requested):

_____

_____

_____

_____

_____

Signed: _____

Please Print Name & Job Title: _____

Address: _____

_____

Phone: _____

Name of Business where you are currently employed:

_____

This form is part of the Application for License as an Assisted Living Administrator packet produced by the Alabama Board of Examiners of Assisted Living Administrators, 2740 Zelda Road Ste. 3B, Montgomery, AL 36106.

Updated 1/2012

State of Alabama Board of Examiners of Assisted Living Administrators
60 Commerce Street Suite 1440
Montgomery, Alabama 36104
www.boeala.alabama.gov

Claire H. Austin
Executive Director
Chaustin3@gmail.com

Telephone: (334) 239-7044

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 Address for Credit Card: _____

_____

Phone #: _____ Email: _____

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)
____	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 be a 3.5% convenience fee added to your transaction effective 8/1/18, the current fee is 4%

EFFECTIVE AUGUST 1, 2018 – ALL FEES MUST BE PAID ONLINE

BACKGROUND BUREAU
INCORPORATED

BACKGROUND CHECK RELEASE FORM-Employment

PER FCRA: 1) Signing this release authorizes a background check. 2) You may not be offered a position based on it. 3) Your employer will advise you if that's their intention. You can review the report and dispute errors prior to official turndown.

Social Security #: _____-____-_____ Gender: _____ Race: _____ Date of Birth ___/___/___ (only used to ensure accuracy of records)

Names:
Last: _____ First: _____ Middle: _____

Maiden name or other names used in the past 7 years: _____

Address history:

Present: _____ City & ST _____ Zip Code_____ ___ County _____ Years ____

Prior: _____ City & ST _____ Zip Code_____ ___ County _____ Years ____

Any counties resided in last 7 years: _____

Driver's license number: _____ State issued: _____

Conviction history: List all convictions including traffic: Please indicate "TR' for Traffic, "M" for misdemeanor, and "F" for felony:

Year of offense	Offense	Where occurred – City, State, County	Level – TR, M, F

I hereby authorize the release to BOE – Assisted Living Admin AL and Background Bureau, Inc., (BBI) an independent pre-employment screening agency, of any information held by any parties regarding my prior employment , criminal, credit, driving, workers comp. and educational history as well as information regarding my general character and reputation for employment purposes. I release any providers of such information from any liability for providing same. I understand the information may be reviewed initially and periodically by BBI and reported to my prospective/actual employer. I agree that an investigative consumer report may be requested, which may contain information pertaining to my character, general reputation, personal characteristics, and mode of living obtained through personal interviews.

I authorize and request any federal, state, or local agency, college/university, former employer, and other persons to provide information or records concerning my military records, character, employment, credit history, motor vehicle history, drug test results, academic records, licenses and certifications, or any other information requested by BBI. I understand that BBI is a consumer reporting agency and that while reports are generally written in plain terms, BBI will provide a written explanation in response to any questions that I may have concerning my report.

I understand that any consumer report or investigative consumer report will be used only for a permissible purpose under the Fair Credit Reporting Act (FCRA). Those purposes include evaluation for employment, promotion, reassignment or retention as an employee. Also, I understand that upon a conditional offer of employment, the report may contain medical inquiries and workers' compensation history, subject to rules under the Americans with Disabilities Act.

I acknowledge my right to request from BBI, subject to identification verification, the nature and scope of all information in its files concerning my background at the time of my request, including sources of information, and the recipients of any reports about me which BBI has furnished within the two year period preceding my request. BBI may be contacted at 2019 Alexandria Pike, Highland Heights, KY 41076 or at (800) 854-3990.

I agree falsification may make me ineligible for employment or subject to immediate dismissal, if hired. I further acknowledge that BBI is relying on third party information and is unable to guarantee the accuracy of the data reported to it. If not hired, based on the report, I understand I have rights under FCRA laws including the right to review my report and correct errors.

Signed_____ Dated_____ CA, OK, MN, NY Residents:Check here to receive report.____

COVER SHEET (EMPLOYER USE ONLY) FAX RELEASE FORMS TO: 859-781-5888 EMAIL: order@backgroundbureau.com

Client: BOE – Assisted Living Admin AL Attn: Claire Austin Ph: 334-239-7044 Return via: chaustin3@gmail.com

County ☐All Prior Counties ☐Alias/Maiden Name ☐Multistate ☐Identitrace ☐Credit ☐MVR ☐Federal ☐KY Pre-Trial ☐OH Comp ☐GBI ☐FDLE ☐Level 1 ☐Level 2 ☐Level 3

Employment: ☐Verify/ ☐Investigate ☐Verify Education ☐Verify License ☐OFAC ☐Civil ☐E-Verify ☐Sex Offender ☐Multi-County Plus ☐Workers Comp, specify state(s)_____

SPECIFY OTHER RESEARCH WANTED:

BACKGROUND CHECK RELEASE FORM-Employment – Page 2
BOE – Assisted Living Admin AL

Use this form if education verification, employment verification/investigation or reference checks are required.

Applicant Name:

College: 1 - _____ City, ST, Zip_____ Attendance dates: _____ Degree: _____

College: 2 - _____ City, ST, Zip_____ Attendance dates: _____ Degree: _____

High school - _____ City, ST, Zip_____ Attendance dates: _____ Year Graduate: _____

GED State issued: - _____ Test Location: _____ Year received_____

NOTE: INABILITY TO IDENTIFY YOUR EMPLOYMENT CAN CANCEL OR DELAY PROCESS. BE VERY THOROUGH IN THIS PART.

1. Employer Name: _____ Phone number: _____ Address, City, State, Zip_____

Position: _____ Dates worked: From _____ to _____ Reason left? _____

Supervisor's name_____ Co-workers name: _____

2. Employer Name: _____ Phone number: _____ Address, City, State, Zip_____

Position: _____ Dates worked: From _____ to _____ Reason left? _____

Supervisor's name_____ Co-workers name: _____

3. Employer Name: _____ Phone number: _____ Address, City, State, Zip_____

Position: _____ Dates worked: From _____ to _____ Reason left? _____

Supervisor's name_____ Co-workers name: _____

Check here ____, **if we are not free to contact your present employer at this time.**

Reference:
1. Name:

Phone #:

Email address:

Reference:
2.. Name:

Phone #:

Email address:

Reference:
3. Name:

Phone #:

Email address:

ENDORSEMENT FROM EMPLOYER

According to Chapter 135-X-5-.02 of the Board of Examiners Rules and Regulations, all high school graduates or GED recipients applying for licensure must provide evidence of at least (2) two years of experience working fulltime in BOTH an administrative AND resident or patient care position in a licensed assisted living facility, nursing home, hospital, or resident care setting for the elderly or disabled within two years preceding date of this application. Along with this evidence, the Letter of Endorsement below must be completed by the administrator, owner, supervisor, or governing authority of such place of employment and submitted with the applicant's complete application.

Letter of Endorsement

This statement verifies that I_____ am currently the
Name of Administrator/Owner/Supervisor/Governing authority

_____ of _____.
Title *Name of Facility/Hospital/Resident Care Setting*

I further verify that, within two years preceding the date of this application,

_____ has worked **fulltime** at this facility/hospital/resident care setting
Applicant Name
in an administrative **and** resident/patient care position for at least two (2) years

(**Check ALL that apply**)

☐ **administrative position** - *Assists management in planning, developing, organizing and implementing office duties and other job related duties as designated.)*

☐ **resident/patient care position** - *The direct and Active involvement with residents needs and activities of daily living to include all of the following: Grooming, Bathing, Toileting, Eating, Bathing and Dressing.*

I give_____ my unqualified endorsement in his/her intent
Applicant Name

to apply for licensure as an Assisted Living Administrator.

Signed: _____ Printed Name: _____

Date: _____ Phone: ( )_____

Address: _____
Street

_____
City *State* *Zip*

Dates of Employment:_____ to _____

Full Time or Part Time?_____ Hours worked per week: _____

Was/Is Position Considered Supervisory? ☐ Yes ☐ No

This form is part of the Application for License as an Assisted Living Administrator packet produced by the Alabama Board of Examiners of Assisted Living Administrators 60 Commerce Street Suite 1440, Montgomery, Alabama, 36104.