

COURSE APPLICATION
ASSISTED LIVING ADMINISTRATOR TRAINING COURSE

FIRST NAME _____ MIDDLE _____ LAST NAME _____

PERSONAL ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

CELL PHONE# _____ HOME PHONE# _____

PERSONAL E-MAIL: _____

ASSISTED LIVING FACILITY: _____

FACILITY ADDRESS : _____

CITY _____ STATE _____ ZIP CODE _____

FACILITY PHONE#: _____ FACILITY FAX#: _____

FACILITY EMAIL: _____ COUNTY OF FACILITY: _____

DESIRED COURSE START DATE: _____

AMOUNT FOR ALR ADMINISTRATOR COURSE IS \$350.00

Business/Corporate Check, Personal Check, Money Order, Visa, Master Card & Discover Accepted. To make a Credit Card Payment, please **call PEPP Unlimited at 215-348-3112** .

QUALIFICATIONS OF APPLICANT (CHECK ONE)

_____ With the exception of administrators qualified under § 2600.53(a)(5) (relating to qualifications and responsibilities of administrators), experience as a personal care home administrator, if the following requirements are met: (a) Employed as a personal care home administrator for 2 years prior to January 18, 2011. (b) Completed the administrator training requirements and pass the Department-approved competency-based training test in §2800.64 (relating to administrator training and orientation) by January 18, 2012.

Please note: P.E.P.P. Unlimited requires applicants to have completed the 100-hr personal care home administrator course in its entirety before taking the assisted living residence administrator course.

***I can provide proof of the above qualifications to be an Assisted Living Administrator in the State of Pennsylvania.

Signature of Applicant: _____

PLEASE DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

CONFIRMATION LTR (DATE E-MAILED) _____

PAYMENT RECEIVED: DATE: _____

CHECK#/CREDIT CARD: _____