COURSE APPLICATION 100-HR PCH ADMINISTRATOR COURSE

FIRST NAME	MIDDLE	LAST NAME				
PERSONAL ADDRESS:						
СІТҮ	STATE	ZIP CODE				
CELL PHONE#	HOME	PHONE#				
PERSONAL E-MAIL:						
NAME OF PERSONAL CARE HO	OME:					
PERSONAL CARE HOME ADDR	ESS:					
СІТҮ	STATE	ZIP CODE				
PHONE#:	FA	X#:				
EMAIL:	COUNTY OF PCH:					
DESIRED COURSE START DAT	E:					
	•	n accordance to §2600.63b CPR & First Aid training he qualifications for this course.				
		ided [] \$1,930.00 course w/ only 1 st Aid included [id (you must provide us with current cards)				
Business/Corporate Check. I To make a Credit Card Paym		er. Visa. Master Card & Discover Accepted. ted at 215-348-3112 .				
§2600.53a REQUIRED QUALIFIC	CATIONS OF APPLICANT TO BE	E AN ADMINISTRATOR (CHECK ONE)				
A license as a regist	tered nurse from the Depa	rtment of State.				
An associate's degr	ee or 60 credit hours from	an accredited college or university.				
A license as a license experience in a relate	•	ne Department of State & 1 year of work				
A license as a nursi	ng home administrator fro	m the Department of State.				
		neral education development diploma or radministrative experience in the human				
1) I can provide proof of the Administrator in the State		to be a Personal Care Home				
	abide by the requirements set PCH Administrator course.	forth by PEPP Unlimited for every				
Signature of Applicant:						
CONFIRMATION LTR (DATE E-M	MAILED)	Deid in Full Deument 4 Deument 2 Deument 2				

Date of Payment	CC	Check #	Amount Paid	Paid in Full	Payment 1	Payment 2	Payment 3