

EMAIL: info@peppunlimited.com

COURSE APPLICATION

FAX: 215-348-4240

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: \_\_\_\_\_