EMAIL: info@peppunlimited.com

FAX: 215-348-4240

**COURSE APPLICATION**

***100-HR PCH ADMINISTRATOR COURSE***

**FIRST NAME_____MIDDLE_____LAST NAME_____**

**PERSONAL ADDRESS: _____**

**CITY_____STATE_____ZIP CODE_____**

**CELL PHONE#_____HOME PHONE# _____**

**PERSONAL E-MAIL:_____**

**NAME OF PERSONAL CARE HOME:_____**

**PERSONAL CARE HOME ADDRESS:_____**

**CITY_____STATE_____ZIP CODE_____**

**PHONE#:_____FAX#:_____**

**EMAIL:_____COUNTY OF PCH: _____**

**DESIRED COURSE START DATE:_____**

***WARNING: Both CPR & First Aid are required for this course. In accordance to §2600.63b CPR & First Aid training must be an "in person" training; online trainings do not meet the qualifications for this course.***

**COURSE AMOUNT: [ ] $1,980.00 Course w/ CPR&1st Aid included [ ] $1,930.00 course w/ only 1st Aid included**
**[ ] $1,900.00 Course with *no* CPR or 1st Aid (you must provide us with current cards)**

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

**§2600.53a REQUIRED QUALIFICATIONS OF APPLICANT TO BE AN ADMINISTRATOR (CHECK ONE)**

**_____A license as a registered nurse from the Department of State.**

**_____An associate's degree or 60 credit hours from an accredited college or university.**

**_____A license as a licensed practical nurse from the Department of State & 1 year of work experience in a related field.**

**_____A license as a nursing home administrator from the Department of State.**

**_____For a home serving 8 or fewer residents, a general education development diploma or high school diploma and 2 years direct care or administrative experience in the human services field.**

1) **I can provide proof of the above qualifications to DHS to be a Personal Care Home Administrator in the State of Pennsylvania.**

2) **I have read and agree to abide by the requirements set forth by PEPP Unlimited for every live, online session of the PCH Administrator course.**

**Signature of Applicant: _____**

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

**CONFIRMATION LTR (DATE E-MAILED)**

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