EMAIL: info@peppunlimited.com

2^m <u>COURSE APPLICATION</u> 100-HR PCH ADMINISTRATOR COURSE

FIRST NAME		LAST NAME				
PERSONAL ADDRESS:						
CITY	STATE	ZIP CODE				
CELL PHONE#	HOME I	PHONE#				
PERSONAL E-MAIL:						
NAME OF PERSONAL CARE HOME:						
PERSONAL CARE HOME ADDRESS:						
CITY	STATE	ZIP CODE				
PHONE#:	FA	\X#:				
EMAIL:	COUNTY OF PCH:					
	epted. <u>To make a Credit</u> <u>yment plan!</u> NS OF APPLICANT TO BE	· · · ·				
An associate's degree or	60 credit hours from	an accredited college or university.				
A license as a licensed pr experience in a related fie		ne Department of State & 1 year of work				
A license as a nursing ho	me administrator from	m the Department of State.				
¥	2 years direct care or e qualifications to DHS t	neral education development diploma or r administrative experience in the human to be a Personal Care Home				
2) I have read and agree to abide b live, online session of the PCH A	v 1	forth by PEPP Unlimited for every				
Signature of Applicant:	WRITE BELOW THIS LINE - FOR O	DFFICE USE ONLY				

CONFIRMATION LTR (DATE E-MAILED)

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