REQUEST FOR APPROVAL TO OFFER ADULT RESIDENTIAL CARE/ASSISTED LIVING DIRECTOR CERTIFICATION/TRAINING PROGRAM.
Consisting of, at a minimum, 12 hours of training.

§6867 Continuing Education for Directors. All directors shall obtain 12 continuing education units per year. Topics shall include, but shall not be limited to:
1. person-centered care;
2. specialty training in the population served;
3. supervisory/management techniques; and/or
4. geriatrics

Additionally, for level 4 ARCPs the director shall have successfully completed an adult residential care/assisted living director certification/training program consisting of, at a minimum, 12 hours of training that has been approved.

Instructions: Send $75.00 per course for the date and time listed below. (Payable to: LALA)
If course is offered on multiple dates, send $75.00 for each course offered.
Payments may be made by credit card. Call Office for Details.

1. Date of Request: ________________________________________________________________
2. Course Title(s): __________________________________________________________________
3. Organization(s) offering course: _____________________________________________________
   __________________________________________________________________________________
4. Address: _______________________________________________________________________
   Phone: _____________________________ e-mail: _____________________________________
5. Number of Clock Hours requested (full and half hours, only): _____________________________
6. Date(s) of CEU: _________________________________________________________________
7. Meeting Place(s) of CEU: __________________________________________________________
8. Name of Instructor(s): _____________________________________________________________

NOTE: Attach of brief course description, agenda and brief description of each instructor’s qualifications. DO NOT send detailed curriculum vitae.

Approved Hours: ___________________________ _______________________________________
Sharla A Aloisio, Executive Director
Date Approved: ________________________________
Date Paid: ___________ Ck #: ___________