



**APPROVAL REQUEST: FOR EDUCATION PROVIDERS**

*Adult Residential Care Directors and Direct Care Staff:*

**§6867 Continuing Education for Directors.** All directors shall obtain 12 continuing education units per year, that has been approved.... 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...

**§6867. Training for Direct Care Staff**

1....2. In addition to the required dementia training in §6867.F, direct care staff shall receive 12 hours of annual training which shall be recorded and maintained in the employee personnel file.

3. Annual training shall address the special needs of individual residents and address areas of weakness as determined by the direct care staff performance reviews.

**Instructions: Form completion and submission is required, along with payment.**

**Send \$75.00 per course hour for the date and time listed below. (Payable to: LALA)**

**If course is offered on multiple dates, send \$75.00 for each course hour offered.**

**Payments may be made by check. For credit card payments, call LALA for payable invoice.**

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 Event: \_\_\_\_\_

7. Meeting Place(s) of CEU: \_\_\_\_\_

8. Name of Instructor(s): \_\_\_\_\_

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

*All Education providers are required, as a mandate of approval, to provide all participants with a written ceu statement or certificate which shall include a required statement of program approval, as well as; the title of the education program, the number of contact hours received, the date of the offering, the place/address of the offering, and a signature of an authorized representative of the education provider. Education providers are responsible for designing, completing, and disseminating all ceu forms/certificates.*

(Applicant: Do not write below this line)

Approved Hours and Date(s): \_\_\_\_\_

Approval Signature for above Hour(s) and Date(s): \_\_\_\_\_

Sharla Aloisio, Executive Director

Date Approved: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Ck #: \_\_\_\_\_ CC pymt: Invoice # \_\_\_\_\_

*This course has been: approved / denied through the Louisiana Assisted Living Association to provide (\_\_\_\_\_) continuing education credits for ARCP Director/Staff for the course and dates listed above..*