



Assisted Living Administrator Certification (ALAC)

February 26-28, 2019, or August 6-8, 2019

8:30 a.m. – 4:30 p.m.

Members \$500, Non-Members \$2,500

Lunch and Materials Included

AHCA/AALA offers a certification course for health care and senior living professionals seeking to become Certified Assisted Living I (ALF I), Assisted Living II (ALF II), or Residential Care Facility (RCF) Administrators in Arkansas.

Graduates of the course will receive a signed certificate approved by the Arkansas State Office of Long Term Care and the Arkansas State Board of Private Career Education. There is not an exam required for certification. Certification renewal occurs bi-annually and requires 16 Continuing Education Units for each two year certification period.

Who should attend?

Any individual interested in obtaining an Assisted Living I, Assisted Living II or Resident Care Facility Administrator Certificate

Prerequisites:

- At least 21 years old
- Hold a high school diploma or GED
- Pay full tuition before class begins
- Attend all scheduled classes

Continuing Education Units:

Continuing Education Units are not offered for the Assisted Living Administrator Certification course. Arkansas requires Assisted Living Administrators to take 16 hours of Continuing Education Units every two years to maintain certification.

Course Objectives Include:

- Fully prepare participants to serve as Certified Assisted Living I, Assisted Living II or Residential Care Facility Administrators
- Enhance understanding of Human Resources, Risk Management, Regulatory Requirements and more

For more information, please contact the Association at 501-374-4422 or registration@arhealthcare.com.

**1401 W. Capitol Avenue, Suite 180, Little Rock, AR 72201
Phone 501-374-4422 | Fax 501-374-1077**

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Please Check One:

February 26-28, 2019 August 6-8, 2019

8:30 a.m. - 4:30 p.m., AHCA Training Room, Suite 175

Members \$500, Non-Members \$2,500

Lunch and Materials Included

To register, send this completed form to:

Mail: 1401 W. Capitol Ave., Suite 180, Little Rock, AR 72201 • Fax: 501-374-1077 • Email: registration@arhealthcare.com.

The information contained herein, together with all attached documents, will be regarded as property of AHCA.

First Name _____ M. _____ Last Name _____ Last 4 digits of SSN _____

Mailing Address _____ City _____ State _____ Zip _____

Cell Phone _____ Email Address *(Confirmation and class materials will be sent to this address)* _____

Employer _____ Current Title _____

Employer's Address _____ City _____ State _____ Zip _____

License Number *(if applicable)* _____ Dates of Employment _____

Attendee's Signature _____ Date _____

PAYMENT TOTAL: \$ _____

Check # _____ Visa Master Card American Express

Name on Card: _____ Credit Card Number: _____

Expiration Date: _____ V-Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email Credit Card Receipt to: _____

**SPACE IS LIMITED. ADVANCED REGISTRATION IS REQUIRED.
PAYMENT DUE BY FIRST DAY OF CLASS.
CONFIRMATION AND ADDITIONAL INFORMATION WILL BE SENT.**

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