



# Assisted Living Administrator Certification (ALAC)

**December 10-12, 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](mailto:registration@arhealthcare.com).**

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**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](mailto: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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