

## Continuing Education Pre-Approval Request For Licensed Assisted Living Administrators

Please attach speaker bios, course outlines and a brochure or complete program agenda for review.

**In order to be reviewed, this completed form and the above information must be received in the Board of Examiners' office at least 30 days prior to the date of the course.**

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

Open to the public:    ☐ Yes    ☐ No

Licensee's Name: \_\_\_\_\_ A.L.A. License Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Program Title: \_\_\_\_\_

Program Date: \_\_\_\_\_ Program Location: \_\_\_\_\_

Program Objective & Content (A brief description of the purpose of the program)

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Number of Contact Hours Requested: \_\_\_\_\_

(Only count actual classroom hours. No credit will be given to the time spent in registration, breaks, luncheons, dinners, or other non-instructional activities.)

Sponsor(s) of the Program: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Methods used to advertise this seminar: (Circle each that apply)

Email      Mailer      Website      Other: \_\_\_\_\_

This form may be reproduced.

Board of Examiners of Assisted Living Administrators  
5921 Carmichael Road \* Montgomery, Alabama 36117  
Telephone: (334) 271-2418 Fax: (334) 271-2420

**\*\* If over 10 pages, please mail the request to the above address\*\***

Please initial that you have read the following statement:

YOUR CEU PROGRAM MAY BE SUBJECT TO AUDIT BY THE EXECUTIVE DIRECTOR OR DESIGNEE \_\_\_\_\_