

APPLICATION FOR ASSISTED LIVING FACILITY CARE TRAINING PROVIDER CERTIFICATION ALZHEIMER'S DISEASE OR RELATED DISORDERS TRAINING

(Incorporated by reference in rule 58A-50194, F.A.C., pursuant to s. 429.178, F.s.)

SPECIAL INSTRUCTIONS: Please read this application carefully and fill in all the blanks. Return the completed application along with written proof of your eligibility:	<b style="text-align: center;">FOR AGENCY USE ONLY: ID# _____ Date _____ Type: <i>Received</i> _____ <i>Acknowledged</i> _____ <i>Incomplete</i> _____ <i>Need More Information</i> _____ <i>Other</i> _____ <i>Approved</i> _____ <i>Comments</i> _____
By Regular or Express Mail: <div style="text-align: center;"> Training Academy on Aging School of Aging Studies University of South Florida 13301 Bruce B. Downs Blvd. FMHI-MHC 1300 Tampa, FL 33612 </div>	

Part 1: Applicant Contact Information:
 The information provided below is public record and reflects ownership of submitted materials.

Name: _____

Company (if applicable): _____

Address: _____

_____ City _____ State _____ Zip code _____ County _____

Telephone: (____) _____ **Fax:** (____) _____

E-Mail: _____

Part 2: Application Certification

I HEREBY AFFIRM THAT ALL INFORMATION INCLUDED IN THIS APPLICATION IS TRUE AND CORRECT.

Print or type name of applicant: _____

Signature of applicant: _____

Date: _____

APPLICANT CREDENTIALS

For Alzheimer's Disease and Related Disorders Training

Part 3 - Applicant Credentialing Requirements Checklist

In order to be eligible for certification, you must provide proof of one the following:

- A Master's degree from an accredited college or university in a health care, human service, or gerontology-related field;

OR

- A Bachelor's degree from an accredited college or university, or licensure as a registered nurse, AND one of the following:
 - Proof of 1 year of teaching experience as an educator of caregivers for individuals with Alzheimer's disease or related disorders; OR
 - Proof of completion of a specialized training program specifically relating to Alzheimer's disease or related disorders (total of 4 hours or more), and a minimum of 2 years of practical experience in a program providing direct care to individuals with Alzheimer's disease or related disorders; OR
 - Proof of 3 years of practical experience in a program providing direct care to persons with Alzheimer's disease or related disorders.

OR

- Proof of Teaching or training experience as an educator of caregivers for persons with Alzheimer's Disease or Related Disorders may substitute on a year-by-year basis for the required Bachelor's degree/nursing license.

Part 4 – Applicant Documentation Checklist

The following documents may be used as written proof of your eligibility and must be enclosed with your application:

- Copy of your final official transcripts of a Baccalaureate degree from an accredited college or university.
- copy of your current license as a registered nurse.
- Letter from employer (on company letterhead) noting starting and ending dates of teaching experience as an educator of caregivers for persons with Alzheimer’s disease or related disorders for a minimum of one year.
- Letter from employer (on company letterhead) noting starting and ending dates of service and types of services provided to persons with Alzheimer’s disease or related disorders for a minimum of three years.
- Documentation of successful completion of a specialized training program in Alzheimer’s disease or related disorders (total of 4 hours or more) and a letter from employer (on company letterhead) noting starting and ending dates of service and types of services provided to persons with Alzheimer’s disease or related disorders for a minimum of two years.
- Documentation of successful completion of CEU presentations, workshops, or seminars in caring for persons with Alzheimer’s disease or related disorders.
- Copy of your final official transcripts of Master’s degree from an accredited college or university in a subject area related to Alzheimer’s disease or related disorders.

IMPORTANT INFORMATION/INSTRUCTIONS:

Please send this application along with written proof of eligibility (see above, documentation checklist) to the address on the front of this application. *No application will be accepted without written proof of eligibility.*

Within thirty (30) calendar days from the date your application is received, your credentials will be reviewed and you will be sent written notification of the status of your application.

You must be an *approved* training provider and utilize an *approved* training curriculum prior to *commencing* training activities, pursuant to rule 58A-5.0194, (1), FAC.

Please note: ANY MATERIALS SUBMITTED WITH THIS APPLICATION CANNOT BE RETURNED.