



**ASSISTED LIVING FACILITY
Alzheimer's Disease And Related Disorders Training Provider
Certification**

(Incorporated by reference in rule 58A-5.0194, 58T-1.205, F.A.C., pursuant to s. 429.178, F.S.)

Special instructions: Please read this application carefully. Fill in all the blanks. Return the completed application along with written proof of your eligibility to:
**Training Academy on Aging
 School of Aging Studies
 13301 Bruce B. Downs Blvd.
 FMHI – MHC 1300
 Tampa, Florida 33612
 (813) 974-3414**

For agency use only

Approved	Not Approved	Preapproval
		Date
<input type="checkbox"/>	<input type="checkbox"/>	_____
		Date
<input type="checkbox"/>	<input type="checkbox"/>	_____
Trainer # _____	Approval # _____	

PART 1: Applicant Contact Information

(The information provided below will be used for all future correspondence)

Name: _____

Company (if applicable): _____

Address: _____

Apt # _____

City _____ State _____ Zip code _____ County _____

Telephone: (_____) _____
 Area code Number

Fax: (_____) _____
 Area code Number

E-Mail: _____

Part 2: Applicant 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, 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.

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 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.*

Upon receipt of your application, 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, F.A.C.

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

Part 5 – Training Course Curriculum Checklist

I am submitting my Training Course Curriculum for approval with this application. **(Note: if checked, a completed “Application for Alzheimer’s Disease or Related Disorders Training Curriculum Certification” must accompany this application).**

The Training Course Curriculum/Curricula I will be using has/have been submitted and approved.

Curriculum Approval # _____

Submitted by (Name) _____

Company (if applicable) _____

Address _____

City, State, Zip _____

Date Submitted _____

The Training Course Curriculum I will be using has been submitted and approval is pending.

Submitted by (Name) _____

Company (if applicable) _____

Address _____

City, State, Zip _____

Date Submitted _____

The Training Course Curriculum I will be using has not been submitted. Note: This application will be held pending submittal and approval of Training Course Curriculum:

To be submitted by (Name) _____

Company (if applicable) _____

Address _____

City, State, Zip _____

Date to be Submitted _____

NOTICES

- 1. If your Training Course Curriculum has not been approved, your application for approval will be held until your Training Course Curriculum receives approval.**
- 2. All requests to use copyrighted Training Course Curriculum materials must be accompanied by permission from the author for use.**