

ADMINISTRATOR CERTIFICATION PROGRAM  
STUDENT REGISTRATION FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

FACILITY: \_\_\_\_\_

LICENSED RCF/ALF     IN PROGRESS     NOT FACILITY ASSOCIATED

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MEMBERSHIP STATUS:  FACILITY  ASSOCIATE  NONMEMBER  
 GOOD STANDING     JOINING TODAY

SOCIAL SECURITY NUMBER (Last 4 Numbers) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

EDUCATIONAL LEVEL:  HIGH SCHOOL/GED  SOME COLLEGE  COLLEGE GRAD  
\_\_\_\_\_ HIGHEST DEGREE HELD \_\_\_\_\_ NURSING OR SOCIAL WORK

WORK HISTORY:

Please indicate any and all of the areas in which you have had experience by entering the approximate amount of time you have worked in that position.

\_\_\_\_\_RCF/ALF \_\_\_\_\_ NURSING FACILITY \_\_\_\_\_ HOSPITAL \_\_\_\_\_ HOME HEALTH  
\_\_\_\_\_HOTEL \_\_\_\_\_ FOOD SERVICE/RESTAURANT \_\_\_\_\_ OTHER HOSPITALITY  
\_\_\_\_\_COMMERCIAL HOUSEKEEPING \_\_\_\_\_ MAINTENCE

I understand that to be eligible to work as an administrator of a Residential Care Facility or Assisted Living Facility in the state of Arkansas that I must meet certain requirements established by law and regulation and that successful completion of this program fulfils only the certification requirement. I also understand that the Arkansas Residential Assisted Living Association assumes no responsibility for any consequences attributed to or related to any use or interpretation of any information or views presented through this training program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(office use)