



**APPLICATION FOR  
ASSISTED LIVING FACILITY (ALF) CORE TRAINING  
PROVIDER REGISTRATION**

**INSTRUCTIONS:** Please read this application carefully and fill in all of the blanks. Return the completed application along with written proof of your eligibility to:

**By Regular Mail:** Agency for Health Care Administration  
Assisted Living Unit 2727  
Mahan Drive, MS #30  
Tallahassee, Florida 32308  
Telephone: (850) 412-4304

**By Facsimile:** (850) 922-6059

**FOR AGENCY USE ONLY:**

Provider #: _____	Date _____
Initial Receipt of Application	_____
Incomplete	_____
Need More Information	_____
Other	_____
Return Receipt of Application	_____
Approved/Denied	_____
Comments	_____

**PART 1—APPLICANT CONTACT INFORMATION**

The information provided below will be used for all correspondence.

**Name:** \_\_\_\_\_ **Company Name (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**PART 2—APPLICANT CREDENTIALING REQUIREMENTS CHECKLIST**

**A. In order to be registered as an ALF core training provider, an applicant must provide proof of ALL of the following: [Reference: Section 429.52(9), F.S.]**

1. Completion of the minimum core training requirements developed by the department pursuant to Section 429.52(8), F.S., and Rule 59A-36.028, F.A.C.; **and**
2. Successful completion of the core training competency test (a minimum score of 75%); **and**
3. Compliance with the minimum of 12 contact hours of continuing education in topics related to assisted living every 2 years pursuant to Section 429.52(4), F.S., and rules 59A36.011(1)(c) and 59A-36.030, F.A.C.

**B. In addition to the requirements outlined in A above, an applicant must provide proof of meeting at least ONE of the following qualifications: [Reference: Section 429.52(10), F.S., and Rule 59A-36.027 F.A.C.]**

1. A 4-year degree from an accredited college or university and 3 years of experience working in a management position in an ALF after core certification; **or**
2. Five years of experience working in a management position in an ALF after core certification and 1 year of teaching experience as an educator or staff trainer for persons working in an ALF or other long-term care (LTC) settings; **or**
3. Previous experience as a core trainer for the Department of Elder Affairs; **or**
4. A minimum of 5 years of employment with the Agency for Health Care Administration (AHCA), or formerly the Department of Health and Rehabilitative Services, as a surveyor of assisted living facilities; **or**
5. A minimum of 5 years of employment in a professional position in the AHCA Central Office Assisted Living Unit; **or**
6. A minimum of 5 years of experience as an educator or staff trainer for persons working in an ALF or other LTC settings; **or**
7. A minimum of 5 years of employment as an ALF core trainer, which was not directly associated with the department; **or**
8. A minimum of a 4-year degree from an accredited college or university in areas of healthcare, gerontology, social work, education, or human services and a minimum of 3 years of experience as an educator or staff trainer for persons working in an ALF or other LTC settings after core certification.

**PART 3—APPLICANT DOCUMENTATION CHECKLIST**

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

**A. Applicants must submit ALL of the following documentation referenced in Part 2, Section A of this form:**

Copy of Certificate of Completion of ALF Core Training; and

Copy of ALF Certification of Completion of the Core Training Program (successful passage of competency test documentation) and date issued; and

Copy of the continuing education documentation referenced in Section 429.52(4), F.S., and Rule 59A-36.027, F.A.C. This documentation must include the title, subject matter, program agenda (including topics discussed), applicant's name, date(s) of participation, number of hours, and the continuing education training provider's name, signature, credentials, and professional license number, if applicable.

**B. In addition, all applicants must submit proof of meeting at least ONE category referenced in Part 2, Section B of this form.**

Copy of final official transcripts of a 4-year degree or higher from an accredited college or university. *(For individuals meeting the qualifications established in B 1 & 8 on page 1 of this form.)*

Letter(s) from employer(s), on company letterhead, stating the applicant's position title, position description, and the starting and ending date(s) in the position(s). *(For individuals meeting the qualifications established in B 1, 2, 3, 4, & 5 on page 1 of this form.)*

Letter(s) from employer(s), on company letterhead, providing the starting and ending dates of the applicant's experience as an educator or staff trainer for persons working in an ALF or other long-term care settings and the course(s) taught. *(For individuals meeting the qualifications established in B 2, 6, & 8 on page 1 of this form.)*

Copies of 5 years of dated core training materials, such as agendas, trainee rosters or other documents *(For individuals meeting the qualifications established in B 7 on page 1 of this form.)*

**PART 4—IMPORTANT INFORMATION AND INSTRUCTIONS**

Please send this application along with written proof of eligibility (see Applicant Documentation Checklist above) to the address on page 1 of this form. You may alternately submit the information via the fax number cited on page 1.

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 the AHCA APPROVED ALF minimum core training curriculum PRIOR TO COMMENCING TRAINING ACTIVITIES.**

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

**PART 5—APPLICANT AFFIDAVIT**

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

Print or Type Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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

**PART 6—OPTIONAL INFORMATION**

Do you have a training Web site that you would like the department to include on its Internet site?

YES  NO If yes, please provide your Web site address: