

ONLINE CONTINUING EDUCATION PROGRAM
REGISTRATION FORM

NAME: _____ DATE: _____

FACILITY: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

TELEPHONE NUMBER: _____ FAX: _____ EMAIL: _____

SOCIAL SECURITY NUMBER (Last 4 Numbers) _____

PROGRAM TO BE VIEWED:

ALL HAZARDS RESPONSE TRAINING (2.2 Hrs.) _____ \$60 Member _____ \$90 Non-Member

COMMUNICATION (ARALA Meeting) (2.9 Hrs.) _____ \$72.50 Member _____ \$108.75 Non-Member

HOSPICE AND HOSPICE MYTHS (1 Hr) _____ \$25.00 Member _____ \$37.50 Non-Member

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 may fulfill only part of the certification requirements. 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)

(revised '09)