



Assisted Living Administrator Certification *Student Application*

_____ Date

_____ Social Security Number

_____ Student First Middle Last

_____ Address State Zip

_____ Phone email Birth date (must be 21 to apply)

Education	<i>Must have proof of High School Graduation or equivalency</i>		
	<u>Name</u>	<u>Location</u>	<u>Course of Study</u> <u>Level/Hours Completed</u>
High School			
Higher Education			

Work History	<i>Please list most recent, then most relevant to assisted living</i>		
	<u>Name</u>	<u>Location</u>	<u>Position</u> <u>Duties</u>
1.			
2.			
3.			

Please check the criteria that applies to you. Describe above:

- At least one consecutive year of health care experience
- 30 college semester hours in a healthcare related field of study
- A bachelor's degree in any field of study

****The applicant may submit a request for review of special circumstances for admission**

FEES	
Course	\$450
(Including all materials)	
Processing	\$50
TOTAL	\$500
National Certification	\$50
<i>Make checks payable to OKALA</i>	