



**Division of Licensing Services
Office of Assisted Living Licensing**

150 North 18th Avenue, Suite 420
Phoenix, Arizona 85007-3242
(602) 364-2639
(602) 364-4766 FAX

JANICE K. BREWER, GOVERNOR
WILL HUMBLE, INTERIM DIRECTOR

**ASSISTED LIVING TRAINING PROGRAM
RENEWAL APPLICATION**

ALTP _____

1. Name of Training Program:

2. Training Program mailing address: (Address, City, Zip Code)

3. Training Program phone number: () _____ - _____

and (optional) fax number: () _____ - _____

4. Location or locations where training will be provided: (Address, City, Zip Code)

5. Address where training records will be maintained: (Address, City, Zip Code)

6. Name of contact person for Training Program:

7. Telephone number of contact person: () _____ - _____

**8. Specific levels of training provided by training program:
(check all that apply)**

- Supervisory Care Services**
- Personal Care Services**
- Directed Care Services**
- Manager Training**

9. Attach following documentation for CHANGES ONLY:

Attachment A: Names and qualifications of each instructor providing Training at each level of training identified in #8, including copies of professional licenses or certificates;

Attachment B: Instructional methods or methods for each level of training;

Attachment C: Detailed training outline;

Attachment D: Learning Objectives for each level of training;

Attachment E: Instructors manuals and student handouts;

Attachment F: Tool or tools used to verify that a student has achieved learning objectives;

Attachment G: Evaluation tools for student to evaluate training program;

Attachment H: Copy of Certificate of training to be issued;

10. Applicant Signature(s) and date(s):

_____/_____/_____
_____/_____/_____

Your complete application, including all attachments, must be submitted, reviewed, and approved before implementation.

A complete application and Arizona Statement of Citizenship and Alien Status must be submitted to:
Assisted Living Training Coordinator
Arizona Department of Health Services
Office of Assisted Living Licensing
150 North Avenue, Suite 420
Phoenix, AZ 85007-3242

Upon receipt of a completed application the Department will conduct a substantive review of the required documents to determine whether the applicant complies with requirements or in non-conformance, the applicant will be notified as required in R9-10-724B. If an application is found to be in compliance, the applicant will receive written approval from the Department.



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IMPORTANT NOTICE TO ALL APPLICATION OF ASSISTED LIVING TRAINING PROGRAMS

As of April 1, 2007 all applications for an Assisted Living Training Program must make application not only to the Department of Health Services, Office of Assisted Licensing (Department), but also to the Arizona State Board for Private Postsecondary Education (Board).

An Assisted Living Training Program will not be approved, and cannot operate, until written approval is granted by both Department AND the Board.

Please note that the Department's application and required information is different than the application and required information from the Board.

An application for an Assisted Living Training Program must submit an application with required information to the Department. The Department's application form and requirements may be requested from:

Office of Assisted Living Licensing
150 North 18th Avenue, Suite 420
Phoenix, AZ 85007
602-364-2639

An application for an Assisted Living Training Program must also submit an application with required information to the Board. The Board's application form and requirements may be requested from:

Arizona State Board for Private Postsecondary Education
1400 West Washington, Room 260
Phoenix, AZ 85007
602-542-5709
<http://azppse.state.az.us>