

MISSOURI ASSISTED LIVING ASSOCIATION
LIMA TRAIN THE TRAINER WORKSHOP
APPLICATION FORM
(All fields must be completed – Please PRINT)

Applicant Information

Name: _____			
(First)	(Middle)	(Last)	(Previous Last)
S.S. #: _____	Date of Birth: _____	RN / LPN License #: _____	
Address: _____			
Home Phone: _____		E-Mail: _____	

Facility Information

Facility Name: _____
Address: _____
Work Phone: _____

Workshop Information

Date of MALA Workshop: _____	
<u>Advance Payment Required:</u>	
Amount Due: \$105.00 RN/LPN	
<input type="checkbox"/> Check payable to MALA	
<input type="checkbox"/> Credit Card	Account Number: _____ Exp Date: _____
<input type="checkbox"/> Visa	
<input type="checkbox"/> MasterCard	Signature (Required) _____
<input type="checkbox"/> Discover	

The following must be submitted to the MALA office with this completed form:

- | | |
|--------------------------------|--|
| ◆ Copy of nursing license | ◆ Current Resume (detailed experience) |
| ◆ Copy of social security card | ◆ Payment |

Failure to submit any of the above will delay application approval by MALA and the Department of Health & Senior Services (DHSS). Applicants will receive a letter of determination via mail from DHSS to the applicant's home address. If approved, MALA will provide additional workshop instructions.

APPLICATION DEADLINE: No later than 2 weeks prior to the workshop date

Mail all required information to:

Missouri Assisted Living Association
Attn: Train the Trainer
2407B Hyde Park Rd.
Jefferson City, MO 65109

If paying by credit card, applications may be faxed to (573) 634-7344

Questions? Call us at (573) 635-8750

For Office Use Only:

DHSS Submittal Date:

DHSS Decision: Approved Denied

Date Applicant Notified: