



MISSOURI ASSISTED LIVING ASSOCIATION (MALA)
LIMA TRAIN THE TRAINER WORKSHOP
APPLICATION FORM

Date of Train the Trainer Workshop: _____

Applicant Information - All fields must be completed - please PRINT

Legal Name: _____ (First) _____ (Middle) _____ (Last)
SSN #: _____ Date of Birth: _____ RN/ LPN (circle one) License #: _____
Address: _____ City _____ State _____ Zip _____
Home Phone: (_____) _____ E-Mail: _____

Employer Information - if applicable

Employer Name: _____
Address: _____ City _____ State _____ Zip _____
Work Phone: _____

Workshop Information

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

- Copy of nursing license
Copy of social security card
Payment

Failure to submit any of the above will delay application approval by MALA. Applicants will receive a letter of confirmation from MALA to the applicant's home address. If approved, MALA will provide additional workshop instructions.

I affirm that I meet the requirements in accordance with 19 CSR30-84.030 to attend the Train the Trainer workshop offered by the Missouri Assisted Living Association (MALA).

Signature of Applicant _____ Date _____

Advance Payment Required: Amount Due: \$105.00

No refunds will be given if your registration is cancelled five days prior to the workshop. Any cancellations received more than five days prior the will be charged a \$25 cancellation feel. Cancellations must be received in writing or e-mail.

- Check payable to MALA
Credit Card Discover Visa MasterCard

Card Number: _____ Exp Date: _____ 3 Digit Security Code (on back of card): _____

Signature (Required) _____

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

Mail all required information to:
Missouri Assisted Living Association
2407B Hyde Park Road
Jefferson City, MO 65109
573-635-8750
info@malarcf.org

For Office Use Only:
MALA: Approved Denied
Date Applicant Notified: