MISSOURI ASSISTED LIVING ASSOCIATION (MALA)
ALF RESIDENT ASSESSMENT TRAINING
REGISTRATION FORM

Training Dates: _____

Registration Information - All fields must be completed – please PRINT

Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Contact Name: _____ E-Mail: _____

Name of Attendee

Legal Name: _____
(First) (Middle) (Last)

Phone: _____

E-Mail: _____

Training Requirements – Please read

To meet the statutory and regulatory requirements related to community based assessments, only appropriately trained and qualified individuals may perform the assessment. The term "appropriately trained and qualified" is defined by the following characteristics/credentials:

Licensed or registered with the State of Missouri in a health care related field, **OR** Hold a degree in a health care, social services, or human services field, **OR** Licensed under Chapter 344, RSMo (Licensed Nursing Home Administrator), **AND** Received facility orientation training under 19 CSR 30-86.042 (18), and dementia training under section 660.050, RSMo.

I affirm that I meet the requirements to attend the ALF Resident Assessment Training offered by the Missouri Assisted Living Association (MALA).

_____ _____
Signature of Attendee Date

Registration Fee: *No refunds will be given if your registration is cancelled less than 14 days prior to the workshop date. Any cancellations received more than 14 days prior to the workshop date will be charged a $50 cancellation fee. Cancellations must be received in writing or e-mail.*

❑ MALA Member Facility **$275** each attendee ❑ Non-MALA Member Facility **$325** each attendee

Payment Options – ***if paying by credit card, fax to 573-634-7344***

❑ Corporate Check (payable to MALA)
❑ MasterCard ❑ Visa ❑ Discover ❑ American Express

Credit Card # _____ Expiration Date (MM/YY): _____

3-Digit Security Code (on back of card): _____ Cardholder's Signature: _____

Mail or fax all required information to:

Missouri Assisted Living Association
2407B Hyde Park Road
Jefferson City, MO 65109
Phone: 573-635-8750 Fax: 573-634-7344
info@malarcf.org

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