



**APPLICATION FOR  
 HOME HEALTH CARE TRAINING PROVIDER CERTIFICATION  
 ALZHEIMER'S DISEASE OR RELATED DISORDERS TRAINING**  
 Incorporated by reference in rule 58A-8.001 and 58A-8.002, FAC, pursuant to s. 400.4785(1)(f) F.S.

**SPECIAL INSTRUCTIONS:** Please read this application carefully and fill in all of the blanks. Return the completed application along with written proof of your eligibility to:

**FOR AGENCY USE ONLY:**

ID# \_\_\_\_\_ Date \_\_\_\_\_  
 Type: \_\_\_\_\_  
 Received \_\_\_\_\_  
 Acknowledged \_\_\_\_\_  
 Incomplete \_\_\_\_\_  
 Need More Information \_\_\_\_\_  
 Other \_\_\_\_\_  
 Approved \_\_\_\_\_  
 Comments \_\_\_\_\_

**By Regular or Express Mail:**

Training Academy on Aging  
 School of Aging Studies  
 University of South Florida  
 13301 Bruce B. Downs Blvd.  
 FMHI - MHC 1300  
 Tampa, FL 33612

**PART 1—APPLICANT CONTACT INFORMATION:**

The information provided below is public record and reflects ownership of submitted materials.

**Name:** \_\_\_\_\_

**Company Name** (if applicable): \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ City State Zip Code County

**Telephone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Part 2: Application Affidavit**

**I HEREBY AFFIRM THAT ALL INFORMATION INCLUDED IN THIS APPLICATION IS TRUE AND CORRECT.**

Print or type name of applicant: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

# APPLICANT CREDENTIALS

## For Alzheimer's disease and Related Disorders Training

(Incorporated by reference in Rule 58A-8.002(1)(a), FAC, pursuant to s. 400.4785(1), F.S.)

### Part 3 - Applicant Credentialing Requirements Checklist

**In order to be eligible for certification, you must provide proof of one the following (see substitutions and exceptions below):**

- A Bachelor's degree in a health-care, human service or gerontology related field from an accredited college or university (see substitutions below), or
- Licensure as a registered nurse.

**In addition to the above requirements, you must provide proof of one of the following criteria:**

- Possess 1 year of teaching or training experience as an educator of care givers for persons with Alzheimer's Disease and Related Disorders; or
- Have one (1) year of practical experience in a program providing care to persons with Alzheimer's Disease and Related Disorders; or
- Have completed a specialized training program of 4 hours or more in Alzheimer's Disease and Related Disorders from a university or an accredited health care or human service or gerontology continuing education provider.

#### **Substitutions:**

- A Master's degree in a health-care, human service or gerontology related field from an accredited college or university may substitute for the teaching or training experience. or
- Proof of Teaching or training experience as an educator of caregivers for persons with Alzheimer's Disease or Related Disorders may substitute on a year-by-year basis for the required Bachelor's degree/nursing license.

#### **Part 4 – Applicant Documentation Checklist**

**The following documents may be used as written proof of your eligibility and must be enclosed with your application:**

- Copy of your final official transcripts of Baccalaureate degree in a health-care, human service or gerontology related field.
- Copy of your current license as a registered nurse.
- Letter from employer (on company letterhead) noting starting and ending dates of service and types of services provided to persons with Alzheimer’s Disease and Related Disorders.
- Documentation of successful completion of approved university based coursework in caring for persons with Alzheimer’s Disease and Related Disorders.
- Certificate/s of successful completion of specialized training program/s in caring for persons with Alzheimer’s Disease and Related Disorders from a university or an accredited health care or human service or gerontology continuing education provider.
- Documentation of successful completion of CEU approved presentations, workshops, or seminars in caring for persons with Alzheimer’s Disease and Related Disorders.
- Copy of your final official transcripts of Master’s degree in a health related field.
- Documentation of successful completion of training and continuing education consistent with the requirements of section 400.4178, or completion of training consistent with the requirements of sections 400.1755, 400.5571 or 400.6045, Florida Statutes.

#### ***IMPORTANT INFORMATION/INSTRUCTIONS:***

**Please send this application along with written proof of eligibility (see above, documentation checklist) to the address on the front of this application. *No application will be accepted without written proof of eligibility.***

**Within thirty (30) calendar days from the date your application is received, your credentials will be reviewed and you will be sent written notification of the status of your application.**

**You must be an *approved* training provider and utilize an *approved* training curriculum prior to *commencing* training activities, pursuant to rule 58A-8.001, (1), FAC.**

**Please note: ANY MATERIALS SUBMITTED WITH THIS APPLICATION CANNOT BE RETURNED.**