



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/Cell Phone: (____) _____ BEST E-Mail for you: _____

Employer Information - if applicable

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

I would prefer that my workshop packet from MALA be sent to my work address, not my home mailing address

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

- Copy of nursing license or print Nursys report
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 canceled five days prior to the workshop. Any cancelations received more than five days prior to the workshop will be charged a \$25 cancelation fee. Cancelations must be received in writing or e-mail.

- Check payable to MALA Credit Card Discover Visa MasterCard American Express

Effective May 1, 2024, a 3% convenience fee will be charged when paying with credit/debit card.

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

Signature (Required) _____ Zip Code: _____

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:
Email Letter