

**AZ CAREGIVER TRAINING, LLC. ALCTP #0118**

Course Requirements

**POLICY**

1. Students must meet the following admission requirements:

a. Be 18 years of age, with valid identification.

b. Possess the desire and ability to learn and then practice qualified

skills, and knowledge required for an assisted living caregiver.

c. Students must possess the written and verbal skills in English to

complete the course and take the state exam.

d. Shall have valid fingerprint clearance cards that are issued pursuant

to title 41, chapter 12, article 3.1 of the Arizona Revised Statutes.

e. Have a copy of a valid food-handler's card. (Must be done before testing)

Access to the internet is required for these courses

Classes are held over Zoom and Google classroom, skills in person

2. Applicants shall be notified of these admission requirements prior to enrolling in the training

program.

3. This notification shall be documented in the student record.

A logo of a nurse and a group of people

Description automatically generated**AZ CAREGIVER TRAINING, LLC. ALCTP #0118**

**3961 e. Packard Ave Kingman, Az 86409 760-641-8897**

**Enrollment Questionnaire Please print legibly**

|  |
| --- |
| First Name: |
| Last Name: |
| Email Address: |
| Address: |
| City, State, Zip: |
| Cell Phone: |
| Social Security Number (Required by State of Arizona): |
| Date of birth: |
| Circle desired course : Certified Caregiver 62 hour course CNA to Certified caregiver Bridge  Medication management\* Medical Terminology\* Other |
| Who is Paying for this course? If employer providing assistance employer must contact school) |
| Do you have a Level 1 Fingerprint Card Number or Receipt Number? YES or NO  Number & exp date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have your Food Handlers Card? YES or NO  Number &exp date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have C.N.A. certification in Arizona?  State Number, issue & exp date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| SCHOOL USE ONLY  EMPLOYER CONTACT & # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ONLY IF COMMUNITY FUNDED |
| COURSE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  START DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FINISH DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TEST DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |