

Assisted Living Director Continuing Education Record Sheet

Licensee First Name:

Licensee Last Name:

License #:

License Type: LALD

Renewal Two Year Period: From: September 1, _____ (preceding year of renewal) to August 31, _____

- 30 Earned Clock Hours, required every even year, earned from the prior renewal date year.
- See Approved list of Activities for CE Credit according to 6400.7091 (A-K) located on the BELTSS Website.
- We **RECOMMEND** you register for the NAB CE Registry to insure meeting the requirements of Assisted Living Licensure

Attestation Statement

I attest by this renewal of license, that I have completed thirty approved (30) Continuing Education clock hours. I will maintain proof of having completed the submitted number of Clock Hours and the validity of credits earned as described in Minn. Rule 6400.7091. I understand documentation and the continuing education record must be maintained for three years. If audited, I will provide the documentation as necessary to validate my completion. I further understand any discrepancies from validating these requirements will be reviewed by the Board’s Standard of Practice Committee.

 Signature of Licensee

 Date

Total Hours:

Board Approved #	# of CE Hours	Provider/Sponsor	Date	Activity Description
EXAMPLE Number: MN22-53686	5	Leading Age	1/10/2022	Item A: Annual Institute: Class Medication Administration

