RIALA
RHODE ISLAND ASSISTED LIVING ASSOCIATION
1998 | SILVER ANNIVERSARY | 2023
CELEBRATING 25 YEARS

Assisted Living Administrator Training Program

May 2024

Program:

The goal of this program is to provide individuals with the tools necessary to successfully operate an Assisted Living Residence. The program is taught over a 50-hour period in 12 units. This program includes a test, which will cover all the material presented. The test will take place on Wednesday, May 29th. A satisfactory score on the test and full attendance at all sessions is required for certification.

Features:

- Approved by the RI Department of Health for preparing assisted living administrators.
- This is a 50-hour program made up of 12 sessions.
- Attendance to the complete program is required for certification.
- This program covers all aspects of operating an assisted living residence required for Rhode Island Administrators licensing.
- Individuals may enroll in any of the sessions for Professional Development or Assisted Living Continuing Education Credits.
- The full program fee includes all educational materials and books.

Course Schedule:

8:30 am – 5:00 pm on the following dates:
Thursday, May 9th | Friday, May 10th
Thursday, May 16th | Friday, May 17th
Thursday, May 23rd | Friday, May 24th

Exam:

Wednesday, May 29th | 8:30 am – 11:00 am

Location:

RIALA
2253 Pawtucket Ave. Suite C
East Providence, RI 02914

RIALA Member Fees:

- Full program: $1,950.00
- Individual Sessions: $145.00

Non-Member Fees:

- Full program: $2,650.00
- Individual Sessions: $235.00

Registration:

Organization:_____   Name:_____

Email:_____   Phone:_____

Payment:

Member Fees:		Non-Member Fees:	
☐ Full Program	$ 1,950.00	☐ Full Program	$ 2,650.00
☐ Individual Sessions (for AL admin CEUs)	$ 145.00	☐ Individual Sessions (for AL admin CEUs)	$ 235.00
Total: $		Total: $	

Registration deadline is April 19th. A 50% non-refundable deposit is required when registering
Note: A 3% convenience fee will be applied for credit card payments.

☐ **Check (Payable to RIALA)**   Credit Card: ☐ Visa   ☐ MasterCard   ☐ American Express ☐ Discover

Account/Card # ___ ___ ___ ___   ___ ___ ___ ___   ___ ___ ___ ___   ___ ___ ___   Exp Date: ____/_____ CVV #: _____
                                                                            Month   Year

Name: _____ (as it appears on the card)

Address: _____   City: _____   State: _____   Zip Code: _____

Click here to REGISTER NOW or email this completed form with your credit card information to ksmith@riala.org.

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