



KENTUCKY BOARD OF LICENSURE FOR LONG-TERM CARE ADMINISTRATORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601
(502)564-3296 ~ <http://ltca.ky.gov>

APPLICATION FOR CONTINUING EDUCATION

Form KBLTCA-4

PLEASE TYPE ALL INFORMATION

1. COURSE TITLE: _____
2. DATE OF COURSE: _____
3. NAMES and QUALIFICATIONS OF INSTRUCTORS (list and attach supporting documentation):

4. ATTACH A COPY OF THE PROGRAM AGENDA INDICATING CONTACT HOURS OF INSTRUCTION AND ALL BREAKS
5. ATTACH A COPY OF THE CERTIFICATE OF COMPLETION THAT WILL BE ISSUED
6. NUMBER OF CONTINUING EDUCATION HOURS REQUESTED (to nearest .25) _____
7. APPLICATION SUBMITTED BY (Select One)

Sponsor/Presenter requesting prior approval (\$50 Fee)

Name: _____

Address: _____

Phone/Email: (____) ____-____ @_____

Licensee/Attendee requesting prior approval (\$25 Fee) **OR** Licensee/Attendee requesting approval after completion (\$25 Fee)

Name: _____ KY LTCA License # _____

Address: _____

Phone/Email: (____) ____-____ @_____

Mail application along with all necessary documentation and fee at least sixty (60) days in advance of the commencement of the program to the following address:

**KENTUCKY BOARD OF LICENSURE FOR LONG-TERM CARE ADMINISTRATORS
P.O. BOX 1360
FRANKFORT, KY 40602**

Revised 8/2015