



KENTUCKY BOARD OF LICENSURE FOR LONG-TERM CARE ADMINISTRATORS

PUBLIC PROTECTION CABINET – DEPARTMENT OF PROFESSIONAL LICENSING

P.O. Box 1360, Frankfort, Kentucky 40602

500 Mero Street 2SC32 Frankfort, Kentucky 40601 (Overnight Delivery Only)

Phone: (502) 892.4255 | Fax: (502) 564.4818 | Website: ltca.ky.gov | Email: LTCA@KY.GOV

APPLICATION FOR CONTINUING EDUCATION

Application Fees:	
<input type="checkbox"/> Provider/Presenter Prior Approval Request Must be applying (sixty) 60 days in advance of the commencement of the program.	\$50.00
<input type="checkbox"/> Licensee/Attendee Prior Approval Request	\$25.00
<input type="checkbox"/> Licensee/Attendee Approval Request after Completion	\$25.00

PROVIDER INFORMATION

Provider Name:

Mailing Address: Street

City

State

Zip Code

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Telephone Number:

Email Address:

Website:

COURSE INFORMATION

Course Name:

Course Date(s):

Course Length:

Hours Requested:
(60 Minutes = 1 CE Hour)

Course Location:

Is this a Home Study Course? ☐ Yes ☐ No

Please attach the following, which includes educational objectives:

1. Names and qualifications of the instructors
2. A copy of the program agenda indicating hours of education and all breaks
3. Official certificate of completion or college transcript from the sponsoring agency or college
4. A copy of the evaluation form for the program

LICENSEE INFORMATION (IF APPLICABLE)

Last Name:

First Name:

License Number:

Mailing Address: Street

City:

State:

Zip Code:

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Telephone Number:

Email Address: