

# ALF/RCF Advanced Administrator Certification Completion Certificate Request Form

**This form allows you to request your Certificate of Completion Form for the ALF/RCF  
Advanced Administrator Certification Series**

Thank you for completing this voluntary certification program! The OHCA commends you for your commitment to the Community Based Care Profession, your commitment to the quality of life & care of your residents and your commitment to your staff & colleagues.



**These documents are necessary to receive your completion certificate:**

- This form filled out completely
- A copy of your original Administrator Training Certificate of Completion
- Copies of your CEU forms from the Advanced Admin Certification Series

**Please send this form & the above listed documents to:**

Attention: Director of Education, OHCA, 11740 SW 68th Parkway Suite 250, Portland, OR 97223

*Please send only copies of the above documents. Please retain the originals for your records. Please allow 2-3 weeks for processing.*

**Cost:** There is no cost associated with this request form. *If you request a duplicate copy of your certification at any time, a \$10/copy fee will be assessed to you for postage & administrative costs.*

**CERTIFICATE INFORMATION**

**Name as you would like to appear on certificate:** \_\_\_\_\_

**Organization/Facility:** \_\_\_\_\_

**Address you would like it sent to:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Original Administrator Certification Class:** \_\_\_\_\_

- Courses Completed:**
- |   |             |
|---|-------------|
| <input type="checkbox"/> <b>A.</b> Enhancing Resident Quality of Life               | Date: _____ |
| <input type="checkbox"/> <b>B.</b> Fiscal Management                                | Date: _____ |
| <input type="checkbox"/> <b>C.</b> Health Services: The Role of the RN in CBC       | Date: _____ |
| <input type="checkbox"/> <b>D.</b> Human Resources: Hiring, Staff Retention & More  | Date: _____ |
| <input type="checkbox"/> <b>E.</b> Leadership: The Roadmap to Quality               | Date: _____ |
| <input type="checkbox"/> <b>F.</b> Life Enrichment: Going Beyond the Basics         | Date: _____ |
| <input type="checkbox"/> <b>G.</b> Marketing Symposium                              | Date: _____ |
| <input type="checkbox"/> <b>H.</b> Nutrition & Food Services                        | Date: _____ |
| <input type="checkbox"/> <b>I.</b> Quality Summit                                   | Date: _____ |
| <input type="checkbox"/> <b>J.</b> Resident Evaluation & Service Planning           | Date: _____ |
| <input type="checkbox"/> <b>K.</b> Understanding Safety in the HealthCare Workplace | Date: _____ |



**Questions? Please contact OHCA Director of Education at  
Email: [mking@ohca.com](mailto:mking@ohca.com) or Phone: 503-726-5227**