



**APPLICATION FOR  
HOSPICE THREE-YEAR CURRICULUM CERTIFICATION  
ALZHEIMER'S DISEASE OR RELATED DISORDERS TRAINING**

Incorporated by reference in rule 58A-2.027 and 58A-2.028, FAC, pursuant to s. 400.6045(1) F.S.

**SPECIAL INSTRUCTIONS:** Please read this application carefully and fill in all of the blanks. Return the completed application along with written proof of your eligibility to:

**By Regular or Express Mail:**

Training Academy on Aging  
School of Aging Studies  
University of South Florida  
13301 Bruce B. Downs Blvd.  
FMHI - MHC 1300  
Tampa, FL 33612

**FOR AGENCY USE ONLY:**

ID# \_\_\_\_\_ Date \_\_\_\_\_  
Type: \_\_\_\_\_  
Received \_\_\_\_\_  
Acknowledged \_\_\_\_\_  
Incomplete \_\_\_\_\_  
Need More Information \_\_\_\_\_  
Other \_\_\_\_\_  
Approved \_\_\_\_\_  
Comments \_\_\_\_\_

**PART 1—APPLICANT CONTACT INFORMATION:**

The information provided below is public record and reflects ownership of submitted materials.

**Name:** \_\_\_\_\_

**Company Name** (if applicable): \_\_\_\_\_

**Address:** \_\_\_\_\_  
Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Part 2: Application Affidavit**

I HEREBY AFFIRM THAT ALL INFORMATION INCLUDED IN THIS APPLICATION IS TRUE AND CORRECT.

Print \_\_\_\_\_ or \_\_\_\_\_ type \_\_\_\_\_ name \_\_\_\_\_ of \_\_\_\_\_ applicant:

Signature \_\_\_\_\_ of \_\_\_\_\_ applicant:

Date: \_\_\_\_\_

# THREE-YEAR CURRICULUM CERTIFICATION

## For Alzheimer's Disease or Related Disorders

### 1-Hour and 3-Hour Training

(Incorporated by reference in Rules 58A-2.027 and 58A-2.028, FAC, pursuant to s. 400.6045(1), F.S.)

#### Part 3: Training Curriculum Requirements

For One-Hour Alzheimer's Disease or Related Disorders

**To obtain approval for the 1-hour Alzheimer's Disease or Related Disorders training curriculum certification, you must submit a training curriculum that addresses the following subject areas:**

1. Understanding Alzheimer's Disease or Related Disorders;
2. Characteristics of Alzheimer's Disease or Related Disorders;
3. Communicating with Patients with Alzheimer's Disease or Related Disorders.

For Three-Hour Alzheimer's Disease or Related Disorders

**To obtain approval for the 3-hour Alzheimer's Disease or Related Disorders training curriculum certification, you must submit a training curriculum that addresses the following subject areas:**

1. Behavior Management;
2. Assistance with Activities of Daily Life;
3. Activities for Patients;
4. Stress Management for the Caregiver;
5. Family Issues;
6. Patient Environment; and
7. Ethical Issues.

#### IMPORTANT INFORMATION/INSTRUCTIONS:

**Please send your completed application along with:**

- A hard copy of your Training Curriculum Outline and Content;
- Hard copies of any Training Curriculum Handouts, Videos, CDs, and;
- Any other curriculum materials to be used for any other purposes such as teleconferencing, Internet web pages, etc.

***No application will be accepted without curriculum.***

**Within thirty (30) calendar days from the date your application is received your curriculum will be reviewed and you will be sent written notification of the status of your application. Curriculum approval is limited to three (3) years from date of approval.**

**Please note: ANY MATERIALS SUBMITTED WITH THIS APPLICATION CANNOT BE RETURNED.**

**Special Note:** When submitting an application for certification of the 1-hour and 3-hour Alzheimer's disease or related disorders training curriculum, it may be helpful to review the "Training Guidelines for the Special Care of Hospice Patients with Alzheimer's Disease or Related Disorders" incorporated by reference into Rule 58A-2.027, FAC.