

**Health Facilities And Emergency Medical Services Division**  
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**State Licensure Program**  
**Assisted Living Residences**



Colorado Department  
 of Public Health  
 and Environment

**Form: Attestation of Compliance with Training Requirements for Administrators**

FACILITY NAME: \_\_\_\_\_

I certify that I am in compliance with the training requirements for Assisted Living Residences as specified in Colorado Department of Public Health and Environment Standards for Hospitals and Health Facilities, 6 CCR 1011-1, Chapter VII, Rule 1.103(8) and Rule 1.104(2)(b). To meet the requirements, I attended the following classes, in-services or seminars:

(Please attach your certificate if you have attended an ALR 30-hour administrator training course. )

REQUIRED TOPICS	DATE	HOURS	LOCATION	INSTRUCTOR
Resident's Rights				
Nutrition				
Environment/Fire Safety				
Emergency. Procedures./First Aid				
Assessment Skills				
Difficult Behaviors/Situations				

OTHER TOPICS **	DATE	HOURS	LOCATION	INSTRUCTOR

**\*\* Please note: completion of a state approved medication administration course is not considered an elective topic.**

Provide any additional information such as educational background, specific work related experience, pertinent licenses, certifications, etc., and attach documentation, copies of pertinent licenses or certifications that will verify this attestation.)

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(Signature of Administrator)

(Date)

Note that if the Colorado Department of Public Health and Environment or its authorized agents determine through its inspections or other means that the training is inadequate or deficient in one or more areas, additional training may be required.