



MISSOURI ASSISTED LIVING ASSOCIATION (MALA)
LIMA TRAIN THE TRAINER WORKSHOP
APPLICATION FORM

July 1, 2026

Date of Train the Trainer Workshop: _____

Applicant Information - ALL FIELDS MUST BE COMPLETED - please PRINT

Legal Name: _____ (First) _____ (Middle) _____ (Last)
SSN #: _____ Date of Birth: _____ RN/ LPN (choose one) License #: _____
Address: _____ City _____ State _____ Zip _____
Home/Cell Phone: _____ E-Mail address: _____

Employer Information - if applicable

Employer Name: _____
Address: _____ City _____ State _____ Zip _____
Work Phone: _____

I would prefer that my workshop packet from MALA be sent to my work address, not my home mailing address

The following must be submitted to the MALA office with this completed form:

- Copy of nursing license or a Nursys report
Payment

Failure to submit any of the above will delay application approval by MALA. Applicants will receive a letter of confirmation from MALA to the applicant's home address. If approved, MALA will provide additional workshop instructions.

I affirm that I meet the requirements in accordance with 19 CSR30-84.030 to attend the Train the Trainer workshop offered by the Missouri Assisted Living Association (MALA).

Signature of Applicant

Date

Advance Payment Required: Amount Due: \$105.00

No refunds will be given if your registration is canceled five days prior to the workshop. Any cancelations received more than five days prior to the workshop will be charged a \$25 cancelation fee. Cancelations must be received in writing or e-mail.

We charge a convenience fee on all credit card transactions.

- Check payable to MALA
Pay online with credit card at malarcf.org/pay-online

Mail, email, or fax all required information to:

Missouri Assisted Living Association
2407B Hyde Park Road
Jefferson City, MO 65109
Phone: 573-635-8750
Fax: 573-634-7344
Email: info@malarcf.org

For Office Use Only:
MALA: Approved Denied
Date Applicant Notified: