

LLE, Inc. Caregiver and Manager Training School
Approved by: Department of Health Services
Certified by: NCIA Board of Examiners
Licensed by: Arizona Private Postsecondary School

ON GOING TRAINING CLASS REQUEST FORM

Manager Continuing Education Units.

Date: _____

Name: _____

Address: _____

Contact Phone # _____ E-mail: _____

Employment Date of Hire: _____ Employer: _____

Manager Certificate No: _____ Employer's Phone # _____

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Please list down topics/subjects you need to discuss to meet your Continuing Education Requirements. NCIA requires 12 CE units per year for manager.
Please chose attached courses offered by writing down below the following:

Class codes	Topics	Units	NCIA approval code

Comments and Suggestions: _____

Student Signature: _____

Date: _____