

**Thank you for enrolling in our distance delivered
Alzheimer's Disease and Related Disorders
Certificate Program.**

*In order to continue funding this program, we need the following information from our students.
Please fill out this form and return it in the enclosed self-addressed envelope.*

Name _____

Address _____

City, State, Zip _____

Phone _____ E-Mail _____

Date of Birth _____ SS# or Student ID# _____

Alaska resident? Yes No

I am: (check all that apply)

- currently employed as a direct care provider
- currently employed as a direct care manager or administrator
- currently working directly with ADRD elderly

CERTIFICATIONS: I am a certified...

- CNA
- PCA
- LPN
- RN

EMPLOYMENT: I am currently employed as...

- a social worker
- an activity aide
- a home health care worker
- a home health care manager
- adult day staff
- adult day manager
- a respite worker
- a respite manager
- an assisted living worker
- an assisted living manager
- nursing home staff
- nursing home manager
- a care coordinator
- other _____



Organization(s)/Agency/Agencies currently employed with:

*Thank you for
your help!*

Marilyn durocher, Program Coordinator
University of Alaska Southeast • Sitka Campus
Community Education and Professional Development
1332 Seward Ave., Sitka, Alaska 99835

