



Louisiana Certification Registry for Healthcare Ancillary Professionals, Inc.

P.O. Box 7111

Metairie, LA 70010

Office: (504) 390-8940 ; Fax (504) 407-3777

APPLICATION

Long Term Care Social Service Designee

Date _____

Last Name _____ **First Name** _____ **Middle Initial** _____

Mailing Address _____

Contact Phone Number _____

Email Address _____

Employer _____

Type of certification you are applying for: *Long Term Care Social Service Designee*

Have you ever had a professional license and/or certification revoked ___ Yes ___ No

If Yes, Please Explain: _____

Initial Application Fee:

Long Term Care Social Services Designee = \$75.00

YOU MUST SUBMIT THE FOLLOWING WITH THIS FULLY COMPLETED, AND SIGNED

APPLICATION: Copy of your High School Diploma or GED; Copy of Certificate to Validate Completion of the LNHA two day SSD Workshop; Updated Resume to validate work experience.

Make check or money order payable to JAJ Health Care Education Consultants, L.L.C.

Signature of Applicant _____