**Commonwealth of Pennsylvania**

**Department of Aging**

**Division of Licensing**

**Older Adult Daily Living Center (OADLC) Online Director Training**

**REGISTRATION FORM**

Please complete this form by providing the requested information below, and include the completed form with your application packet. Upon receipt and review of this form, a training account will be established for you under the Pennsylvania Department of Aging’s Learning Management System (PDA LMS), and your login credentials will be provided to you via email. Once you receive your login credentials, you may access your PDA LMS training account and complete the *Older Adult Daily Living Center (OADLC) Online Training*. Upon successful completion of the OADLC Training, you will be awarded a certificate of completion. Please fax or mail a copy of the certificate to the Division of Licensing:

* *Fax*: (717) 783-0894
* *Mail*: PDA, Division of Licensing - 555 Walnut St., 5th Floor, Harrisburg., PA 17101.

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility Information** | | | |
| **Agency Name (ADC)**: |  | | |
| **Name of Main/Administrative Office:** |  | | |
| **Street Address:** |  | | |
| **Address Line 2:** |  | | |
| **City:** |  | **Zip Code:** |  |
| **Telephone Number**: |  | | |
| **Email**: |  | | |

|  |  |
| --- | --- |
| **Director Information** | |
| **First Name**: |  |
| **Last Name**: |  |
| **Job Title**: |  |
| **Telephone Number**: |  |
| **Email**: |  |

|  |  |
| --- | --- |
| **Designee Information** | |
| **First Name**: |  |
| **Last Name**: |  |
| **Job Title**: |  |
| **Telephone Number**: |  |
| **Email**: |  |