

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Aging and Adult Services
Long Term Care Ombudsman Program

OMBUDSMAN RE-DESIGNATION CHECKLIST

I certify that _____ has met the following program requirements for re-designation.

Completion of at least 8 hours of continuing education in the last 12 months (*12 hours required for Program Coordinators*)

Demonstration of freedom from infectious tuberculosis (TB) as evidenced by receipt of a document supplied by a medical facility. (*if applicable*)

Freedom from conflicts of interest as demonstrated in signing the Conflict of Interest Statement (AAA-1059A)
Send a copy to OSLTCO

Continual demonstrated ability to carry out the duties of the office

Attendance of at least one outside training in the last 12 consecutive months (*applies to staff ombudsmen only*)

Name of Regional Ombudsman Coordinator (*Please type or print*): _____

Signature – Regional Ombudsman Coordinator: _____ Date: _____

Signature – Regional Ombudsman or Volunteer: _____ Date: _____