



WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF HEALTH FACILITY LICENSURE AND CERTIFICATION
408 Leon Sullivan Way,
Charleston, WV 25301-1713

Alzheimer's/Dementia Special Care Unit and Program

Annual Renewal Application

Facility Name: _____

Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Telephone: _____ **Administrator:** _____

Name of Unit/Program Coordinator*: _____

**If the individual holding the coordinator's position has changed in the past twelve (12) months, please submit evidence of the new coordinator's qualifications with this renewal application.*