

TO YOUR KNOWLEDGE, HAS THIS PERSON EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? _____ IF YES, PLEASE COMMENT.

ARE YOU AWARE OF ANY PERSONAL TRAITS, HABITS, OR CONDUCT WHICH WOULD MAKE HIM/HER UNSUITABLE TO SUPERVISE THE CARE OF THE RESIDENTS OF A SKILLED FACILITY? _____ IF YES, PLEASE COMMENT.

BASED ON YOUR KNOWLEDGE OF THIS PERSON, WOULD YOU RECOMMEND HIM/HER FOR EMPLOYMENT AS A NURSING HOME ADMINISTRATOR? _____ IF NO, PLEASE COMMENT.

Signature (Please print name below)

Mailing Address

Employer (Self-employed give name and type of business)

Date

PLEASE RETURN TO: NC State Board of Examiners for
Nursing Home Administrators
3733 National Dr., Suite 110
Raleigh, NC 27612