

NC STATE BOARD OF EXAMINERS FOR  
NURSING HOME ADMINISTRATORS  
3733 National Drive, Suite 110  
Raleigh, North Carolina 27612

**APPLICATION FOR CONTINUING EDUCATION APPROVAL**  
**(MUST BE COMPLETED BY SPONSOR)**  
**COURSES MUST BE SUBMITTED 30 DAYS PRIOR TO THE COURSE DATE**  
**PLEASE TYPE**

1. \_\_\_\_\_  
Name of Sponsoring Organization
2. \_\_\_\_\_  
Street City State Zip Code
3. Telephone Number \_\_\_\_\_ Email: \_\_\_\_\_
4. Person Responsible \_\_\_\_\_
5. Course Title \_\_\_\_\_  
\_\_\_\_\_
6. Site(s) of Course \_\_\_\_\_
7. Date(s) of Course \_\_\_\_\_
8. How does this course relate to Nursing Home Administration? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Which Domain of Practice does this course relate to?  
\_\_\_\_\_ Resident Care and Quality of Life  
\_\_\_\_\_ Human Resources  
\_\_\_\_\_ Finance  
\_\_\_\_\_ Physical Environment and Atmosphere  
\_\_\_\_\_ Leadership and Management
10. Are there education and/or experience prerequisites for participants? \_\_\_\_\_  
If so, please describe \_\_\_\_\_
11. Anticipated number of participants \_\_\_\_\_

12. Number of clock hours requested \_\_\_\_\_

13. Identify the specific objectives for the program, outline the content, indicate teaching methods, any instructional media aids, and the specific evaluation method used for measuring achievement of each objective.

(ATTACH A CHART AS SHOWN)

OBJECTIVE	CONTENT	TEACHING METHOD	INSTRUCTIONAL MEDIA
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14. Attach time schedule of course including registration, breaks and lunch.

15. Is this course open to all administrators? \_\_\_\_\_

16. Attach a biographical sketch or vitae of each faculty.

17. Enclose promotional material if available.

18. Each participant must be supplied with a "Certificate of Attendance".  
(Please attach a copy)

19. An evaluation form must be presented to each participant.(Please attach a copy)

20. Enclose the appropriate fee for each course to be reviewed.

**\$100.00 - up to 6 hours**

**\$10.00 – for every additional hour**

21. Submit to NC State Board of Examiners for NHA a minimum of 30 days prior to presentation.

Date \_\_\_\_\_

Signature of applicant

**FOR BOARD USE ONLY**

Date Received \_\_\_\_\_ Date Reviewed \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Hours Granted \_\_\_\_\_

Reason for Denial \_\_\_\_\_

\_\_\_\_\_