



North Carolina State Board of Examiners For Nursing Home Administrators

3733 National Drive, Suite 110

Raleigh NC 27612

919-571-4164 Fax: 919-571-4166

www.ncbenha.org

email: nhaboard@ncbenha.org

IMPORTANT NOTICE

Criminal Background Check (CBC)

As required by the North Carolina Nursing Home Administrator Act, applicants for nursing home administrator licensure as specified below are required to undergo a fingerprint-based State Bureau of Investigation (SBI) and Federal Bureau of Investigation (FBI) criminal background check.

You will need to file your fingerprints electronically. Please go to a local law enforcement office to complete this process. **You will complete the Applicant Information Form and the Electronic Fingerprint Submission Release of Information Form. Carry both forms with you when you have your fingerprints taken. The Electronic Fingerprint Submission Release of Information Form MUST be returned to our office, NC State Board of Examiners for Nursing Home Administrators, 3733 National Drive, Suite 110, Raleigh, NC 27612 along with the \$38 Criminal Background Check Fee made out to NCBENHA.**

Prior Criminal Arrests and Convictions

If you have prior criminal arrests or convictions (misdemeanors and/or felonies) regardless of the age of the arrest or conviction, you must submit the following with your application:

Original certified court documents for all arrests and convictions (misdemeanors or felonies); and

A detailed explanation of the events leading to the arrest and any other pertinent details

Please note that you cannot be licensed as a NC Nursing Home Administrator, without the above process being completed.

**YOU MUST RETURN YOUR ELECTRONIC FINGERPRINT
SUBMISSION RELEASE OF INFORMATION FORM AND
THE \$38 FEE TO:**

NCBENHA

3733 National Drive, Suite 110

Raleigh NC 27612

APPLICANT INFORMATION

Last Name: _____

Date of Birth: _____

First Name: _____

Place of Birth: _____

Middle Name: _____

Residence: _____

Maiden Name: _____

Aliases: _____

Sex: Male Female

Race: White Black
 American Indian
 Asian or Pacific Islander
 Unknown

Height: _____

Weight: _____

Eye Color: Black Gray Maroon
 Blue Brown Green
 Hazel Pink Unknown

Hair Color: Bald Black Green
 Blonde Brown Gray
 Red or Auburn Sandy

Social Security Number:
(*optional) _____

Employer and Address:
NC STATE BOARD OF
EXAMINERS FOR NURSING
HOME ADMINISTRATORS
3733 NATIONAL DRIVE SUITE
110
RALEIGH, NC 27612

Reason Fingerprinted:
NC BD OF EXAMINERS FOR
NURSING HOME ADMIN -
STATE AND FED - 114-19.25

Agency Case #: BOENHA000

Type of Transaction: NFUF
****Non fed-User Fee****

NC FP Card Type: OTH
****OTHER ****

**Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.*

ELECTRONIC FINGERPRINT SUBMISSION RELEASE OF INFORMATION

I authorize the North Carolina State Bureau of Investigation, to perform a national criminal history record check in connection with my application for employment with the agency listed below.

I understand that the North Carolina State Bureau of Investigation, Criminal Information and Identification Section, the Federal Bureau of Investigation, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I understand my rights to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

Applicant/Licensee's Signature

Date

Applicant/Licensee's Printed Name

I authorize the above named subject to be fingerprinted and have the fingerprints submitted to the SBI electronically.



Agency Authorized Official's Signature

Date

Jane A. Baker

Authorized Official's Printed Name

**NC State Board of Examiners for
Nursing Home Administrators**

Agency Name

**3733 National Drive, Suite 110
Raleigh NC 27612**

Agency Address

BOENHA000

Agency OCA#

919-571-4164

Agency Phone Number

I certify that I have taken the fingerprints of the above named subject and forwarded them electronically to the State Bureau of Investigation.

Signature of Official Taking Fingerprints

Date

This completed form is to be mailed to Agency listed above
Do NOT send this form to the SBI.