

NC STATE BOARD OF EXAMINERS FOR NURSING HOME ADMINISTRATORS

3733 National Drive, Suite 110

Raleigh, NC 27612

919/571-4164

EMPLOYER REFERENCE

The State Board of Examiners for Nursing Home Administrators is required by federal and state law to determine the qualifications, skill, fitness and suitability of any person who applies for a license to practice as a nursing home administrator in North Carolina.

Your assistance with the evaluation of this applicant, by responding to all of the items below and returning this form to the NC State Board of Examiners for Nursing Home Administrators as soon as possible, will be appreciated. All information that you provide will be considered confidential and will be maintained in this manner.

NAME OF INDIVIDUAL FOR WHOM THIS REFERENCE IS BEING GIVEN

PLACE OF EMPLOYMENT _____

ADDRESS _____

POSITION TITLE OF THE APPLICANT _____

DEPARTMENTS OR AREAS SUPERVISED OR JOBS ASSIGNED _____

NUMBER AND KIND OF PERSONNEL SUPERVISED BY THE APPLICANT _____

DATES OF EMPLOYMENT (FROM) _____ (TO) _____

WERE/ARE YOU THE APPLICANT'S IMMEDIATE SUPERVISOR? _____ OR AN
OFFICER OF THE APPLICANT'S PLACE OF EMPLOYMENT? _____

WAS/IS THE WORK PERFORMANCE OF THE APPLICANT SATISFACTORY? _____

please continue on back

IF THE APPLICANT IS NO LONGER EMPLOYED BY THIS ORGANIZATION, WOULD YOU BE WILLING TO REHIRE HIM/HER IF A VACANCY EXISTED? _____

PLEASE COMMENT ON THE APPLICANT'S CHARACTER, PERSONALITY, ABILITY, SKILLS, AND FOR PERFORMANCE OF WHICH YOU ARE PERSONALLY AWARE OF FROM INFORMATION RECORDED IN THE PERSONNEL RECORDS.

TO YOUR KNOWLEDGE, HAS THIS APPLICANT 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 THIS APPLICANT UNSUITABLE TO SUPERVISE THE CARE OF RESIDENTS IN A SKILLED FACILITY?

BASED ON YOUR KNOWLEDGE OF THIS APPLICANT, OR THE INFORMATION RECORDED IN THE PERSONNEL RECORDS WOULD YOU RECOMMEND HIM/HER FOR EMPLOYMENT AS A NURSING HOME ADMINISTRATOR? _____ IF NO, PLEASE COMMENT: _____

I certify that, to the best of my knowledge, the answers given to the questions on this form are truthful and accurate.

Signature (Please print name below)

Mailing Address

Employer (if self-employed, name & type of business)

Your Title

Date

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

employer.doc