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

FACILITY SURVEY FOR ADMINISTRATOR-IN TRAINING PROGRAM

Name of Facility _____

Address _____

_____

Number of Nursing Facility Beds _____

Medicare _____ Medicaid _____

Regular License for Facility _____

Conditional _____
(If so, submit copy of conditions)

At this time, I certify that no revocation proceeding, suspension of admissions or provisional license has been initiated or issued against the facility.

Signed _____
Administrator License #

_____
Administrator-in-Training

_____
Date