



NC STATE BOARD OF
EXAMINERS FOR
NURSING HOME ADMINISTRATORS

OFFICE USE ONLY
DATE RECEIVED _____
CHECK RECD. _____

APPLICATION FOR INITIAL LICENSURE

When all necessary requirements are met for licensure, please submit this form along with the \$500.00 licensure fee, and our office will be able to issue your North Carolina Nursing Home Administrator's License.

1. NAME _____

FIRST

MI

LAST

SOCIAL SECURITY NUMBER _____

STREET OR P.O. BOX _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ EMAIL _____

2. BUSINESS ADDRESS

BUSINESS NAME _____

STREET OR P.O. BOX _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ EMAIL _____

3.**HAVE YOU BEEN CONVICTED, ENTERED A PLEA OF "NO CONTEST", OR ARE CHARGES CURRENTLY PENDING AGAINST YOU, FOR COMMITTING A CRIME, FELONY OR MISDEMEANOR? (INCLUDING DWI OR ALCOHOL RELATED OFFENSES, BUT NOT INCLUDING MINOR TRAFFIC OFFENSES.)

___ YES ___ NO (IF "YES" PLEASE SEND AN OFFICIAL COPY OF YOUR CRIMINAL RECORD AND A WRITTEN LETTER OF EXPLANATION.)**

4.**HAVE YOU BEEN INVESTIGATED, CHARGED, OR DISCIPLINED OR ARE YOU CURRENTLY UNDER INVESTIGATION BY A GOVERNING OF LICENSING BOARD OR BY A FEDERAL OR STATE AGENCY?

___ YES ___ NO (IF "YES", PLEASE SEND DOCUMENTATION WITH AN EXPLANATION.)**

5.**HAVE YOU HAD AN APPLICATION FOR CERTIFICATE OR LICENSE DENIED, OR CERTIFICATE OR LICENSE SUSPENDED, CANCELED OR REVOKED BY ANY STATE OR FEDERAL AGENCY OF GOVERNING OR LICENSING BOARD? ___ YES ___ NO (IF "YES", PLEASE SEND DOCUMENTATION WITH AN EXPLANATION.)**

6.**SEND LICENSE TO HOME ___ OR BUSINESS ADDRESS ___

Always keep a current address with the Board Office to receive Rule updates and License Renewals.

Please return to: 3733 National Drive, Suite 110
Raleigh NC 27612