



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 \$600.00 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

PUBLIC NOTICE STATEMENT

Required by N.C Gen. Stat. 143-789(a) effective December 31, 2017

Any worker who is defined as an employee by N.C. Gen. Stat. 95-25.2(4)(NC Department of Labor), 143-762(a)(3)(Employee Fair Classification Act), 96-1(b)(10)(Employment Security Act), 97-2(2)(Workers' Compensation Act), or 105-163.1(4)(Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section with the North Carolina Industrial Commission.

**Employee Classification Section
North Carolina Industrial Commission
1233 Mail Service Center
Raleigh NC 27699-1233
Telephone: (919)807-2582
Fax: (919)715-0282
Email: emp.classification@ic.nc.gov**

Employee misclassification is defined as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor. [N.C. Gen. Stat. 143-786(a)(5)]

Applicant's Verification

I certify that I have read and understand the Public Notice Statement above and I understand it. (Check one of the following:)

_____ I have not been investigated.

_____ I have been investigated of employee misclassification and have attached the results of the investigation to this application/renewal.

Printed Name of Applicant

Signature of Applicant

Date

Note: Pursuant to North Carolina General Statute 143-789(b): "An occupational licensing board or commission shall deny the license, permit, or certification application of any applicant who fails to comply with the certification and disclosure requirements of this section."

PLEASE RETURN THIS FORM ALONG WITH THE APPLICATION FORM TO THE BOARD OFFICE.

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for Nursing Home Administrators
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Raleigh NC 27612**