



**NC STATE BOARD OF EXAMINERS FOR
NURSING HOME ADMINISTRATORS**
3733 NATIONAL DRIVE, SUITE 110
RALEIGH, NC 27612

BOARD USE ONLY

_____ 2 years serving as Administrator
_____ Administrator of Record
_____ Preceptor Seminar
_____ 40 Hours CE last 2 years
_____ Year License Expires

APPLICATION FOR INITIAL PRECEPTOR CERTIFICATION

PLEASE TYPE

Date: _____

Name: _____ License Number: _____

Are you currently Administrator of Record with DFS? Yes _____ No _____

Current Employer Information:

Facility: _____

Facility Address: _____

Facility Telephone: _____ Email: _____

Current Personal Information:

Home Address: _____

Home Telephone: _____

Answer Each of the Following Questions:

____ Yes ____ No Have you been convicted of a felony?

____ Yes ____ No Is there any criminal charge, other than a traffic violation, now pending against you?

____ Yes ____ No Are you licensed as a Nursing Home Administrator in any other State?

If yes, give State: _____ License #: _____ Date Issued: _____

____ Yes ____ No Has any application for a Nursing Home Administrator's license ever been denied for you?

____ Yes ____ No Has your Nursing Home Administrator's license ever been suspended or revoked?

____ Yes ____ No Have you ever been qualified as a Preceptor in another State?
State: _____

____ Yes ____ No As a Preceptor did you ever train an AIT?

____ Yes ____ No Have you ever been rejected to become a Preceptor?

Work Experience Information:

List your present or most recent employment first and work backward to account for all time within the past ten years. Include all time - while at work, at school, in military service, unemployed, etc. If your duties and title changes in the course of your service in any one organization, indicate such changes clearly and as separate employment periods. Attach extra sheets if necessary to describe additional duties for any one job or for additional jobs.

Current Position:

Title: _____ Date of Employment _____

Facility: _____

Facility Address: _____

Facility Telephone: _____

Duties Performed: _____

Immediate Supervisor: _____ Title: _____

Supervisor's Telephone: _____

Past Position:

Title: _____ Date of Employment _____

Facility: _____

Facility Address: _____

Facility Telephone: _____

Duties Performed: _____

Immediate Supervisor: _____ Title: _____

Supervisor's Telephone: _____

Reason for Leaving: _____

Date of Termination: _____

Past Position:

Title: _____ Date of Employment _____

Facility: _____

Facility Address: _____

Facility Telephone: _____

Duties Performed: _____

Immediate Supervisor: _____ Title: _____

Supervisor's Telephone: _____

Reason for Leaving: _____

Date of Termination: _____

Past Position:

Title: _____ Date of Employment _____

Facility: _____

Facility Address: _____

Facility Telephone: _____

Duties Performed: _____

Immediate Supervisor: _____ Title: _____

Supervisor's Telephone: _____

Reason for Leaving: _____

Date of Termination: _____

NOTE: Please copy this page to attach additional information.

Activities (Professional Organizations, Committees, Community Involvement)

Organization Active/Inactive Dates Offices Held

PLEASE LIST CONTINUING EDUCATION COURSES IN THE LAST 24 MONTHS
(MUST TOTAL 40 CE HOURS)

**COURSE TITLE SPONSOR DATE OF CREDIT
PRESENTATION HOURS**

Affidavit of Applicant:

I hereby certify that, to the best of my knowledge and belief, there are no misrepresentations or falsifications in the statements and answers I have given in this application or in any other documents, or papers appended hereto.

Applicant's Usual Signature in Full: _____

Please Return to: NC State Board of Examiners for Nursing Home Administrators
3733 National Drive, Suite 110
Raleigh, NC 27612
919/571-4164