

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

**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: \_\_\_\_\_

**Current Personal Information:**

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_

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

**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)**

<u>Organization</u>	<u>Active/Inactive</u>	<u>Dates</u>	<u>Offices Held</u>
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**Affidavit of Applicant:**

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

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: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_, \_\_\_\_\_.

Seal

Please Return to: NC State Board of Examiners for Nursing Home Administrators  
3733 National Drive, Suite 228  
Raleigh, NC 27612  
919/571-4164