

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

APPLICATION FOR RENEWAL CERTIFICATION AS PRECEPTOR

PLEASE TYPE

Name: _____ Date: _____
License Number: _____

Current Expiration Date of Certification as Preceptor: _____

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

Current Employment Information:

Title: _____

Facility: _____

Facility Address: _____

Facility Telephone: _____

**CONTINUING EDUCATION COMPLETED SINCE CERTIFICATION AS
PRECEPTOR**

Course Title	Date	Credit Hours	Sponsor
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Update Following Data Since Certification As Preceptor:

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

Are you currently under criminal investigation or indictment? ____ Yes ____ No

Professional Activity, Memberships, Recognition: _____

Local Community Involvement, Memberships, etc.: _____

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

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