



**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 RENEWAL CERTIFICATION AS PRECEPTOR

PLEASE TYPE

Date: _____

Name: _____ 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: _____ Email: _____

CONTINUING EDUCATION COMPLETED SINCE CERTIFICATION AS PRECEPTOR

<u>Course Title</u>	<u>Date</u>	<u>Credit Hours</u>	<u>Sponsor</u>
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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:

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 _____

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