



**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