



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

Reactivate License
 Change of Address

Biennial Renewal
 Inactive Status

PLEASE TYPE OR PRINT

LICENSE NUMBER _____ LAST 4 DIGITS OF SOCIAL SECURITY # _____

NAME _____
FIRST MI LAST

1. HOME ADDRESS:

STREET OR P.O. BOX _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER () _____ EMAIL _____

2. BUSINESS ADDRESS:

BUSINESS NAME _____

STREET OR P.O. BOX _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER () _____ EMAIL _____

**PLEASE ANSWER ALL QUESTIONS AND PROVIDE INFORMATION
REQUESTED ON THE OTHER SIDE OF THIS FORM AND ATTACH
YOUR RENEWAL FEE OF \$500.00**

3.Have you been convicted, entered a plea of "no contest", or are charges currently pending against you, for committing a crime, felony or misdemeanor in the past two years? (Including DWI or alcohol related offenses, but not including minor traffic offenses.)**

Yes No (If "yes" please send an official copy of your criminal record and a written letter of explanation.)**

4.Have you been investigated, charged, or disciplined since the filing of your last renewal application, or are you currently under investigation by a governing licensing board or by a federal or state agency?**

Yes No (If yes, please send documentation with an explanation.)**

5.Have you had an application for certificate or license denied, or certificate or license suspended, canceled or revoked by any state or federal agency or governing licensing board since filing your last renewal application?**

Yes No (If yes, please send documentation with an explanation.)**

6. Please go to our website www.ncbenha.org , go to Licensing and click on Licensee, key in your license number OR last name (do one or the other please do not put both), then click on submit to review your file containing your Address and Continuing Education Credits that the Board has on file. Please print that page and attach it to your Renewal Form. If you have taken any NAB approved courses and you have registered on CE Registry, please go to www.nabweb.org and sign into your account, print that page and attach it to your Renewal Form as well. If you have more hours than what is listed on your file or with the NAB CE Registry, please attach copies of the certificates of the Continuing Education courses attended not on file.

****PLEASE DO NOT SEND COPIES OF YOUR CERTIFICATES UNLESS
THE BOARD DOES NOT HAVE THE HOURS ON FILE.****

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

Applicant's Usual Signature in Full _____

PUBLIC NOTICE STATEMENT

Required by N.C Gen. Stat. 143-764(a)(5) effective December 31, 2017

Any worker who is defined as an employee by N.C. Gen. Stat. 95-25.2(4)(NC Department of Labor), 143-762(a)(3)(Employee Fair Classification Act), 96-1(b)(10)(Employment Security Act), 97-2(2)(Workers' Compensation Act), or 105-163.1(4)(Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section with the North Carolina Industrial Commission.

Employee Classification Section
North Carolina Industrial Commission
1233 Mail Service Center
Raleigh NC 27699-1233
Telephone: (919)807-2582
Fax: (919)715-0282
Email: emp.classification@ic.nc.gov

Employee misclassification is defined as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor. [N.C. Gen. Stat. 143-762(5)]

Applicant's Verification

I certify that I have read and understand the Public Notice Statement above and I understand it. (Check one of the following:)

_____ I have not been investigated.

_____ I have been investigated of employee misclassification and have attached the results of the investigation to this application/renewal.

Printed Name of Applicant

Signature of Applicant

Date

PLEASE RETURN THIS FORM ALONG WITH THE RENEWAL FORM TO THE BOARD OFFICE.

NC State Board of Examiners
for Nursing Home Administrators
3733 National Drive, Suite 110
Raleigh NC 27612