



North Carolina State Board of Examiners For Nursing Home Administrators

3733 National Drive, Suite 110
Raleigh NC 27612
919-571-4164

www.ncbenha.org email: nhaboard@ncbenha.org

TO: LICENSED NURSING HOME ADMINISTRATORS
FROM: MARTHA N. BELL
RE: 2023 BIENNIAL RENEWAL OF LICENSE

According to our records your Nursing Home Administrator License expires on **September 30, 2023**. In order to maintain an active license, it is necessary for you to complete the Renewal Form and return it along with a check, money order or receipt of Credit Card payment for the Renewal Fee. The Biennial Renewal Fee is **\$600.00**. The Renewal of your license will validate it through **September 30, 2025**.

Prior to submitting your Renewal, 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 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, sign into your CE Registry Account, please go to CE Completion Report and to view your report click on Completed Programs by Practitioner. On the report page enter the dates of the license cycle (example 10/1/2021 to 9/30/2023) and you should be able to print the page(s) in an Excel or Word format. Make sure that all your hours are reported by the sponsor or if you have self-reported you have uploaded your certificates. We only need your NAB hours between the date of your 2021 Renewal and the date you submit your Renewal Application. Please print out the summary and attach it to your Renewal Form as well. If you have more hours than is listed on your file with our Board or with the NAB CE Registry, please attach copies of the certificates of the Continuing Education courses attended not on file.

Subchapter 37G Section .0100 ("Renewal Requirements") requires an administrator renewing their license in **2023** to have earned **30 hours of continuing education credits** prior to renewal. Credit hours earned after your renewal date in **2021** will apply toward meeting this requirement. **Please note all courses must be approved by the NC Board or by the National Board to receive credit for renewal. The Board will accept up to 10 hours of NAB approved distance learning/self-study courses every renewal period, please make sure these courses are a minimum of 1 credit hour. The Board will recognize any Live Webinars (on a specific day at a specific time) as In Person courses.**

It is necessary for you to complete the entire form, or it will automatically be returned.

*****(make sure that all questions are answered accurately)*****

Please note that this office is unable to maintain current addresses if you do not provide a change of address. Without a current address and email, it is not possible to keep you informed of license information.

If you desire to place your license on Inactive Status, please contact the Board's office for information on the procedure to follow. Should you have a question or if we may be of assistance, please feel free to contact the Board Office.

Please make sure that you [mail](mailto:ncbenha@ncbenha.org) the completed Renewal Form and the Public Notice Statement along with your list of Continuing Education and a copy of your credit card receipt, or a check made payable to

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

Reactivate License Biennial Renewal
 Change of Address Inactive Status

PLEASE TYPE OR PRINT

LICENSE NUMBER _____ NAB CE Registry 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 ALL INFORMATION
REQUESTED ON THE FORM.
ATTACH YOUR RENEWAL FEE OF \$600.00**

THESE QUESTIONS MUST BE ANSWERED FOR RENEWAL

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, sign into your CE Registry Account, go to CE Completion Report and print out a summary with the courses from the date of your last renewal to present and attach it to your Renewal Form as well. If you have more hours than what is listed on your file with the Board Office or with the NAB CE Registry, please attach copies of the certificates of the Continuing Education courses attended that we do not have on file. All certificates MUST have approval numbers on them if it does not, please contact the sponsor to get a certificate with that approval number to submit with your renewal.

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

7.**Renew your preceptor certification? (by checking here your Renewal Form will be used as the Preceptor Renewal Application)

Yes No

Public Notice Statement under Employee Fair Classification Act

Required by N.C. General Statutes § 143-788(5)

Employee misclassification is defined in N.C. Gen. Stat. §143-786(5) as avoiding tax liabilities and other obligations imposed by Chapters 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor.

Anyone who believes that a North Carolina employee has been misclassified as an independent contractor by that employee's employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission.

The Employee Classification Section can be contacted via email at emp.classification@ic.nc.gov, by phone at (888) 891-4895, by fax at (919) 508-8300, and by mail at 1233 Mail Service Center, Raleigh, NC 27699-1233. The preferred method of contact is via email.

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 _____