

**North Carolina State Board of Examiners
For Nursing Home Administrators**

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STATE EXAMINATION APPLICATION

NAME _____
FIRST MI LAST

HOME ADDRESS

STREET OR P. O. BOX _____

CITY STATE ZIP CODE _____

PHONE NUMBER _____

Mark the examination you will be taking:

STATE EXAM

_____ December 1, 2016	_____ June 8, 2017
_____ February 2, 2017	_____ August 3, 2017
_____ March 16, 2017	_____ October 5, 2017
_____ May 4, 2017	_____ November 30, 2017

THESE DATES ARE SUBJECT TO CHANGE

State Exam Applications should be in the Board Office THREE WEEKS prior to taking the exam. Anyone wishing to cancel must notify the Board Office prior to the examination date.