

NC STATE BOARD OF EXAMINERS FOR NURSING HOME ADMINISTRATORS

3733 National Drive, Suite 110

Raleigh, NC 27612

919/571-4164

CHARACTER REFERENCE

The State Board of Examiners for Nursing Home Administrators is required by Federal and State law to determine the qualifications, skill, fitness, and suitability of any person who applies for a license to practice as a nursing home administrator in the State of North Carolina.

Your assistance with this evaluation, by responding to all of the items below and returning this form to the NC State Board of Examiners for Nursing Home Administrators as soon as possible, will be appreciated. All information that you provide will be considered confidential and will be maintained in this manner.

NAME OF THE PERSON FOR WHOM THIS REFERENCE IS BEING GIVEN

ADDRESS _____

HOW HAVE YOU BEEN ASSOCIATED WITH THIS PERSON?

ARE YOU RELATED TO THIS PERSON? _____ BY BIRTH _____ BY MARRIAGE _____

PLEASE COMMENT ON HIS/HER CHARACTER, PARTICULARLY WHETHER YOU CONSIDER THIS PERSON TO BE REPUTABLE AND RESPONSIBLE.

please continue on back

TO YOUR KNOWLEDGE, HAS THIS PERSON EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? _____ IF YES, PLEASE COMMENT.

ARE YOU AWARE OF ANY PERSONAL TRAITS, HABITS, OR CONDUCT WHICH WOULD MAKE HIM/HER UNSUITABLE TO SUPERVISE THE CARE OF THE AGED, ILL, INFIRM, OR MENTALLY RETARDED? _____ IF YES, PLEASE COMMENT.

BASED ON YOUR KNOWLEDGE OF THIS PERSON, WOULD YOU RECOMMEND HIM/HER FOR EMPLOYMENT AS A NURSING HOME ADMINISTRATOR? _____ IF NO, PLEASE COMMENT.

Signature (Please print name below)

Mailing Address

Employer (Self-employed give name and type of business)

Date

PLEASE RETURN TO: NC State Board of Examiners for
Nursing Home Administrators
3733 National Dr., Suite 110
Raleigh, NC 27612

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