

**NC STATE BOARD OF EXAMINERS FOR
NURSING HOME ADMINISTRATORS
3733 National Drive, Suite 110
Raleigh, North Carolina 27612**

**APPLICATION FOR CONTINUING EDUCATION APPROVAL
(MUST BE COMPLETED BY SPONSOR)
COURSES MUST BE SUBMITTED 30 DAYS PRIOR TO THE COURSE DATE
PLEASE TYPE**

1. _____
Name of Sponsoring Organization

2. _____
Street City State Zip Code

3. Area Code _____ Telephone Number _____

4. Person Responsible _____

5. Course Title _____

6. Site(s) of Course _____

7. Date(s) of Course _____

8. How does this course relate to Nursing Home Administration?

9. Which Domain of Practice does this course relate to?

_____ Resident Care and Quality of Life

_____ Human Resources

_____ Finance

_____ Physical Environment and Atmosphere

_____ Leadership and Management

10. Are there education and/or experience prerequisites for participants? _____

If so, please describe _____

11. Anticipated number of participants _____

12. Number of clock hours requested _____

13. Identify the specific objectives for the program, outline the content, indicate teaching methods, any instructional media aids, and the specific evaluation method used for measuring achievement of each objective.

(ATTACH A CHART AS SHOWN)

OBJECTIVE	CONTENT	TEACHING METHOD	INSTRUCTIONAL MEDIA
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14. Attach time schedule of course including registration, breaks and lunch.

15. Is this course open to all administrators? _____

16. Attach a biographical sketch or vitae of each faculty.

17. Enclose promotional material if available.

18. Each participant must be supplied with a "Certificate of Attendance".
(Please attach a copy)

19. An evaluation form must be presented to each participant.(Please attach a copy)

20. Enclose the appropriate fee for each course to be reviewed.
\$75.00 - up to 5 hours \$90.00 – 6 hours up to 9 hours \$100.00 – 10 or more hours

21. Submit to NC State Board of Examiners for NHA a minimum of 30 days prior to presentation.

Date _____
Signature of applicant _____

FOR BOARD USE ONLY

Date Received _____ Date Reviewed _____

Approved _____ Denied _____ Hours Granted _____

Reason for Denial _____
