



NC STATE BOARD OF  
EXAMINERS FOR  
NURSING HOME ADMINISTRATORS

OFFICE USE ONLY  
DATE RECEIVED \_\_\_\_\_

CHECK RECD. \_\_\_\_\_

## APPLICATION FOR INITIAL LICENSURE

When all necessary requirements are met for licensure, please submit this form along with the \$425.00 licensure fee, and our office will be able to issue your North Carolina Nursing Home Administrator's License.

1. NAME \_\_\_\_\_

FIRST

MI

LAST

SOCIAL SECURITY NUMBER \_\_\_\_\_

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 \_\_\_\_\_

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? (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 OR ARE YOU CURRENTLY UNDER INVESTIGATION BY A GOVERNING OF 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 OF GOVERNING OR LICENSING BOARD? \_\_\_ YES \_\_\_ NO (IF "YES", PLEASE SEND DOCUMENTATION WITH AN EXPLANATION.)\*\*

6.\*\*SEND LICENSE TO HOME \_\_\_ OR BUSINESS ADDRESS \_\_\_

**Always keep a current address with the Board Office to receive Rule updates and License Renewals.**