

**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 10, 2009	_____ July 15, 2010
_____ January 21, 2010	_____ August 19, 2010
_____ March 11, 2010	_____ October 14, 2010
_____ May 20, 2010	_____ December 9, 2010

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.