



NC STATE BOARD OF  
EXAMINERS FOR  
NURSING HOME ADMINISTRATORS

OFFICE USE ONLY  
DATE RECEIVED \_\_\_\_\_  
CHECK RECD. \_\_\_\_\_

**AIT APPLICATION**  
**MUST BE TYPED**

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

NAME: MR. MRS. MISS

LAST FIRST MIDDLE OR MAIDEN  
OTHER LAST NAMES \_\_\_\_\_  
ADDRESS \_\_\_\_\_

STREET CITY STATE ZIP

HOME TELEPHONE # (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

BUSINESS ADDRESS

STREET CITY STATE ZIP

WORK TELEPHONE #(\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
MONTH/DAY/YEAR CITY/STATE

***PLACE OF BIRTH***

Provide City and State for US birthplace or Country for foreign place of birth.

\_\_\_\_\_, \_\_\_\_\_

***GENDER***

Please check the correct box  
 Male  Female

***MOTHER'S MAIDEN NAME***

For security purposes  
\_\_\_\_\_

EDUCATION: PLACE AN X OVER THE HIGHEST GRADE COMPLETED: ATTACH CERTIFIED COLLEGE TRANSCRIPT(S)

10 11 12 13 14 15 16 17 18 19 20

NAME OF SCHOOL DATE(S) ATTENDED CREDIT HOURS COMPLETED DEGREE OR CERTIFICATE

COLLEGE \_\_\_\_\_

COLLEGE \_\_\_\_\_

GRADUATE SCHOOL \_\_\_\_\_

***SPECIALIZED/PROFESSIONAL TRAINING***

List training in reverse chronological order, beginning with the most recent.

| Organization/Institution | Start Date | End Date | Description |
|--------------------------|------------|----------|-------------|
|                          |            |          |             |
|                          |            |          |             |
|                          |            |          |             |
|                          |            |          |             |
|                          |            |          |             |
|                          |            |          |             |
|                          |            |          |             |

***ANY PROFESSIONAL LICENSES OR CERTIFICATIONS***

List all states and jurisdictions in which you currently hold or have ever held a professional license. You must request verification of licensure for all of these licenses, past and/or present.

| Jurisdiction/State | Date License Was First Obtained | Is the license current? | License Number |
|--------------------|---------------------------------|-------------------------|----------------|
|                    |                                 |                         |                |
|                    |                                 |                         |                |
|                    |                                 |                         |                |
|                    |                                 |                         |                |
|                    |                                 |                         |                |
|                    |                                 |                         |                |
|                    |                                 |                         |                |

***MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS***

| NAME | DATES | OFFICE(S) HELD |
|------|-------|----------------|
|      |       |                |
|      |       |                |
|      |       |                |
|      |       |                |
|      |       |                |
|      |       |                |
|      |       |                |

***SUPPORTING DOCUMENTS***

Please include the following supporting documents. Keep a photocopy of all supporting documents for your records.

- A. A passport type photo  
Attach a recent photo (within 90 days) Min. 2 ½ x 3” with your full legal name printed on back.
- B. Resume
- C. All undergraduate, graduate, medical, and professional school transcripts (original certified transcript)

\_\_\_\_\_  
Applicant's Name

## **SCREENING QUESTIONS**

ALL questions must be completed by all applicants.

|   |  |
|---|--|
| <b>A. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a felony (or criminal offense) in any state or in federal court (other than minor traffic violations) whether or not sentence was imposed or suspended?</b><br><br>If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer.  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>B. Are you able to perform the duties of a nursing home administrator with or without accommodation? If the answer is NO, provide details.</b>   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>C. Are you now or have you in the last 5 years been addicted to any chemical substance including alcohol (excluding tobacco and caffeine)? If YES, provide details.</b>  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>D. Are you now being treated or have you in the last 5 years been treated for a drug or alcohol addiction or participated in a rehabilitation program? If YES, provide details.</b>  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>E. Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e. (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition that may presently interfere with your ability to competently and safely perform the essential functions involved in practice as a Nursing Home Administrator? If YES, provide details.</b> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>F. Have you ever been named as a defendant to a civil suit related to your profession (i.e. malpractice)? If YES, provide details.</b>   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>G. Has your license ever been suspended, revoked or subject to any disciplinary action by any state or jurisdiction? If YES, please attach an explanation.</b>   | <input type="checkbox"/> YES <input type="checkbox"/> NO |

## **PERSONAL HISTORY INFORMATION**

Please answer each of the following questions by putting a check in the appropriate box on the right. You must answer each question with a "Yes" or "No" response as no other response is acceptable. All "yes" answers MUST be explained in detail in a separate SIGNED and NOTARIZED affidavit. The affidavit should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

|  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>1. Have you ever had any application for any professional license and/or certification denied by any licensing and/or certifying authority?</b> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <b>2. Have you ever been refused or denied the privilege of taking an examination required for any professional licensure?</b>                     | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <b>3. Have you ever voluntarily surrendered any license or certification?</b>  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <b>4. Have you ever had a limited license issued by any licensing authority?</b>   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <b>5. Has any license or certification ever been revoked or suspended?</b>   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <b>6. Have you ever been disciplined or sanctioned by any licensing and/or certifying authority?</b>   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <b>7. To your knowledge are there any unresolved or pending actions or complaints against you with any licensing and/or certifying authority?</b>  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <b>8. Have you ever been court martialled or discharged other than honorably from the armed service?</b>   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

\_\_\_\_\_  
Applicant's Name

## **WORK HISTORY/PRACTICAL EXPERIENCE**

List all employment chronologically most recent first. If you have never been employed, please include any practical experience such as an Administrator-In-Training position. You are authorized to photocopy this form if additional space is required. Please explain any breaks in employment history of greater than 6 months.

|  |   |
|--|---|
| <b>Name of Business/Institution:</b>                 | <b>Job Title:</b>   |
| <b>Address/Phone Number of Business/Institution:</b> | <b>Description of Duties Performed:</b>                         |
| <b>Name of Supervisor:</b>                           | <b>Date of Employment:</b><br>From: ___/___/___ To: ___/___/___ |
| <b>Number of Employees Supervised:</b>               | <b>Reason for employment termination or resignation?</b>        |

|  |   |
|--|---|
| <b>Name of Business/Institution:</b>                 | <b>Job Title:</b>   |
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| <b>Number of Employees Supervised:</b>               | <b>Reason for employment termination or resignation?</b>        |

|  |   |
|--|---|
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| <b>Name of Supervisor:</b>                           | <b>Date of Employment:</b><br>From: ___/___/___ To: ___/___/___ |
| <b>Number of Employees Supervised:</b>               | <b>Reason for employment termination or resignation?</b>        |

|  |   |
|--|---|
| <b>Name of Business/Institution:</b>                 | <b>Job Title:</b>   |
| <b>Address/Phone Number of Business/Institution:</b> | <b>Description of Duties Performed:</b>                         |
| <b>Name of Supervisor:</b>                           | <b>Date of Employment:</b><br>From: ___/___/___ To: ___/___/___ |
| <b>Number of Employees Supervised:</b>               | <b>Reason for employment termination or resignation?</b>        |

\_\_\_\_\_  
Applicant's Name

# AFFIDAVIT OF APPLICANT

This form will be returned unprocessed if the form is not signed by the applicant and notarized. Keep a photocopy of this form for your records.

I, \_\_\_\_\_, under oath, do promise and swear that if this application is accepted and if I should be granted a license to practice as a Nursing Home Administrator in this State, I will obey the laws of the State, the Rules and Regulations of the Board of Examiners for Nursing Home Administrators, and maintain the honor and dignity of the profession.

It is understood and agreed that if I should fail to keep the above agreement, or if I have made any false statements in this application, that my license may be suspended or revoked by the Board at any time.

I understand that any final disciplinary action taken against my nursing home administrator's license will be reported to the Disciplinary Reporting System of the National Association of Boards of Examiners for Nursing Home Administrators. I also understand that my Social Security number will be used in such reporting.

I understand that pursuant to Public Records Law my application is a public record. Further, I authorize all current and previous employers to release all relevant information about my employment (including moral character competency and reason for termination of employment, if applicable) to the Board. I further state that all statements made by me and exhibits attached in this application are true, complete, and correct.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

State: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ by the affiant, who personally appeared before me.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

\_\_\_\_\_  
MY COMMISSION EXPIRES

(NOTARY SEAL)