

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Adult Care Licensure Section
 2708 Mail Service Center Raleigh, NC
 27699-2708 Phone: (919) 855-3765
 Fax: (919) 733-9379

Explanation of Criminal Charges

If you checked "Yes" on your Assisted Living Administrator Application to the question of ever being convicted or having charges pending against you for a felony, misdemeanor, or traffic crime; please complete this form and attach a written explanation of the charges/convictions listed on your criminal history record. Your explanation should include the following: description of charges/conviction, date, circumstances of arrest, outcome, conditions of judgement (ex. Incarceration, probation, community service), and any other pertinent information. You may also include information explaining personal achievements that occurred after the charge/conviction.

Applicant Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Charge/Conviction:	Date of Offense:	Outcome (guilty, not-guilty, dismissed, prayer for judgement, etc.):

I certify that I have given true, accurate, and complete information on this form or any attachments to the best of my knowledge. I authorize investigation of statements made in this report and understand that false information may be grounds for disqualification.

 SIGNATURE

 DATE