NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

JOSH STEIN • Governor
DEVDUTTA SANGVAI • Secretary
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ADMINISTRATOR LICENSURE/CERTIFICATION VERIFICATION FORM

This form must be sent and completed by the state(s) in which you currently have an Assisted Living or Nursing Home Administrators' license or certification. The form must be returned to DHSR.AdultCare.Administrators@dhhs.nc.gov.

Administrator Name: License/Certification #:

Administrator Type: Assisted Living Facility Nursing Home

Issue Date: State: Expiration Date:

Did the individual complete an administrator training program for licensure/certification?
Yes ☐ No ☐

If yes, how long was the administrator training program?

Has the individual ever received a refusal, suspension, or revocation of their administrator license/certification?
Yes ☐ No ☐

Has the individual ever received any complaints or pertaining to their administrator license/certification?
Yes ☐ No ☐

Does the individual have any pending investigations against their administrator license/certification?
Yes ☐ No ☐

The applicant has passed an examination required for the license, certification, or registration in the jurisdiction in which the applicant holds a current license, certification, or registration, if an examination was required
Yes ☐ No ☐

Individual completing form: Title:

Date: Phone Number: