North Carolina Department of Health and Human Services
Division of Health Service Regulation
Health Care Personnel Education and Credentialing Section
Adult Care Licensure Section
Administrator Examination Application

INSTRUCTIONS

- Complete and submit all pages of the form.
- Payment of fee must be submitted with each form.
- Submit the completed form and fee by mail to the Division of Health Service Regulation (DHSR).
    - Regular Mail (USPS): 2709 Mail Service Center, Raleigh, NC 27699-2709
    - Overnight Mail (FedEx & UPS): 1915 Health Services Way Raleigh, NC 27607
- DHSR will review and respond within 5 business days of receipt.
- For questions, contact the Registry Office at 919-855-3969.

PART 1 – EXAMINATION FEE

The examination fee is $50.00.

Payment must be made in the form of a money order or certified check made payable to "DHSR." Personal or company/agency checks will not be accepted. Payment will not be accepted on the day of the exam.

Fees are non-refundable and non-transferable once submitted to DHSR.

PART 2 – CANDIDATE INFORMATION

Answer the questions below. If applicable, include hyphens and suffixes in your legal name. Do not include nicknames.

1. First name: _____
2. Middle name: _____
3. Last name: _____
4. Social Security number (all 9 numbers): _____
5. Date of birth (MM/DD/YYYY): _____
6. Current address:
    a. Street: _____
    b. City: _____
    c. State: _____
    d. Zip code: _____
    e. County: _____
7. Telephone number (including area code): _____
8. Email address: _____

9. Gender (Male/Female): _____

10. Highest level of education:
    Place an X beside the correct response.
    a. Less than high school: _____
    b. High school diploma: _____
    c. GED credential: _____
    d. Alternative exam: _____
    e. Associate's degree: _____
    f. Bachelor's degree: _____
    g. Graduate degree: _____

PART 3 – EXAMINATION LOCATION
Enter the exam codes for your preferred testing locations.

Refer to the link below to obtain the exam codes.
https://info.ncdhhs.gov/dhsr/acls/pdf/adminsched.pdf

Exam code for primary testing location: _____
Exam code for secondary testing location: _____

PART 4 – ELECTRONIC SIGNATURE AGREEMENT
You acknowledge and agree to the following statements:

- I certify that I have reviewed the entire document before signing.
- Your electronic signature will have the same legal effect and enforceability as your manual signature.
- No certification authority or other third-party verification is necessary to validate your electronic signature and the lack of such certification or third-party verification will not in any way effect the enforceability of your electronic signature.

PART 8 – APPLICANT ATTESTATION
I certify the information in this application and in any documentation submitted with this application is true, accurate, and complete. I understand that the Division of Health Service Regulation is not responsible for lost or stolen mail.

First Name: _____
Middle Name: _____
Last Name: _____
Signature: _____
Today's Date (MM/DD/YYYY): _____