

Cover Page

Submission of Training for Penalty Recommendation

Instructions:

1. *Training will only be considered if:*
 - *Training was completed after the violation was cited;*
 - *Training was specific to the violation; and*
 - *The Department has determined the violation is corrected and facility has continued to remain in compliance with the regulations cited.*
2. *Submit a copy of the completed training, include:*
 - *Outline/Agenda;*
 - *Date(s) and Time(s) of Training;*
 - *Staff Attendance/Sign-in sheets; and,*
 - *Trainer's name and resume or CV*
2. *Complete the information below for the penalty recommendation.*
3. *Attach a separate cover page for each penalty recommendation submitted.*
4. *Redact any resident names or confidential information from the information submitted. (If resident names or confidential information are not redacted, information will not be considered.)*
5. *Use Resident Identifiers used in the Statement of Deficiencies.*
6. *Mail a copy of the information with the completed cover page to:*

*Adult Care Licensure Section
ATTN: Joseph Branch
2708 Mail Service Center
Raleigh, NC 27699-2708*

(Fax and email are not accepted.)

Facility Name: _____

License Number: _____

County: _____

Survey Date on the Statement of Deficiencies: _____

Rule Area and G.S. of Violation: _____

**Name of person to contact and contact number, if
questions:** _____