



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

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

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 the address or fax number listed above by the state official who completed the form.

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

Individual completing form: _____ Title: _____

Date: _____ Phone Number: _____

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

ADULT CARE LICENSURE SECTION

LOCATION: 801 Biggs Drive, Brown Building, Raleigh, NC 27603
MAILING ADDRESS: 2708 Mail Service Center, Raleigh, NC 27699-2708
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3765 • FAX: 919-733-9379

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