**Division of Health Service Regulation**
**Adult Care Licensure Section**
**2708 Mail Service Center**
**Raleigh, NC 27699-2708**
**(919) 855-3765**

**REPORT OF ADMINISTRATOR QUALIFICATIONS**
**FOR FAMILY CARE HOMES**

Name of Facility_____County_____

Applicant's Name_____ Phone (  )_____

E-mail Address _____ Fax (  )_____

Mailing Address _____
Street City State Zip

Birth Date _____ S.S. #_____Driver's License # _____

***You are asked to voluntarily provide your social security number here and where subsequently requested in this document with the understanding that it will be used only as an identification number for internal record keeping and data processing.***

Are you or your spouse an official or employee of the Department of Health and Human Services or of any county department of social services, or a member of the Social Services Commission, any county board of social services, or of any board of county commissioners? [ ] Yes [ ]No

EDUCATION
Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 G.E.D.
College 1 2 3 4 Grad School 1 2 3 4 Other_____

Send documentation of education such as copy of diploma or transcript of hours completed.

WORK HISTORY

Employer: Address:

Job Title: Supervisor:

Date Employed: # You Supervised:

Date Separated: Reason for Leaving

Duties:

Employer: Address:

Job Title: Supervisor:

Date Employed: # You Supervised:

Date Separated: Reason for Leaving

Duties:

Employer: Address:

Job Title: Supervisor:

Date Employed: # You Supervised:

Date Separated: Reason for Leaving

Duties:

Employer: Address:

Job Title: Supervisor:

Date Employed: # You Supervised:

Date Separated: Reason for Leaving

Duties:

If you have completed the 30-day on-the-job training program (AIT) required by rule, list name of facility and dates of training. Provide the 3 AIT forms to be requested from this office and completed by trainer. If requesting AIT exemption, send letter describing your long term care management/supervisory experience.
Facility: Dates of training:

Have you ever been convicted of any criminal or driving offense(s) other than a minor traffic violation:
[ ] Yes [ ] No. Please provide a criminal background report from the county clerk of court.

Please give the full name, mailing address, and phone number of three references who have knowledge of your background and qualifications related to the field of adult care, one of which must be a current or former employer. **(Include copies of these references)**

1.

2.

3.

**NOTE:** Application is not complete without a copy of administrator's exam results, proof of education, reference letters, criminal background report, documentation of a 2-step TB test (2 TB skin tests within no more than 12 months of each other) and the 3 AIT forms or exemption approval. If you seek exemption from the AIT (Administrator-in-training), submit a letter stating what your long term care or health care management or supervisory training/experience has been, including dates, duties and location.

***I certify that I have given true, accurate and complete information on this form 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