



**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 _____

Applicant's Name _____ Phone () _____

Address _____
 Street City State Zip County

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

<p>EDUCATION Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 G.E.D. # Credit Hours Beyond High School or G.E.D. Certificate -- _____ College 1 2 3 4 Grad School 1 2 3 4 Other _____</p>

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: _____

E-mail Address _____ Fax _____

If you have completed an on-the-job training program approved by the Department of Health and Human Services, list name of licensed facility and 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. **(Include copies of these references)**

1. _____

2. _____

3. _____

Please include a copy of administrator's exam results, high school diploma or G.E.D. certificate, reference letters and a criminal background report from the county clerk of court with this qualification form. If you seek exemption from the on-the-job training, submit a letter stating what your long-term care or health care management or supervisory training and experience has been, including dates and location of experience.

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