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## Nurse Aide II Competency Assessment Center Request

Course Name	
Course Coordinator	
Phone	
Email	

I request to become an approved NAII Competency Assessment (Refresher Course) site and agree to adhere to the established criteria and guidelines. I understand I may offer this option after the North Carolina Board of Nursing notifies me of formal approval.

irs

First Date of First Offering	Number of Times Offered During the Next Two Years

A faculty data form must be submitted for new instructors who will teach in the Competency Assessment Center (Refresher Course).

Program Coordinator Signature	Date

Please return this form to [tammy@ncbon.com](mailto:tammy@ncbon.com)

Rev: 2/9/21