



**NORTH CAROLINA BOARD OF NURSING
Additional Clinical Site Request NAII**

(Completed by Nurse Aide II Program Coordinator)

Nurse Aide II Program: _____

Director/Designee: _____ Date: _____

Clinical Site Name: _____

Clinical Site Address: _____

Clinical Site Contact Person: _____

Please attach a copy of the Letter of Acceptance or Agreement between your facility and the new clinical site and return to Tammy Edelen – Continuing Competence Coordinator..

Each agency (NAII program) must verify with DHSR that the clinical site can accept NA students.

North Carolina Board of Nursing
Attn: Tammy Edelen
PO Box 2129
Raleigh, NC 27602

Or you can fax to me at: (919) 781-9461