

P.O. Box 2129 | Raleigh, NC 27602 | P: 919.782.3211 | F: 919.781.9461 | ncbon.com

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.

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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).

Course Coordinator Signature	Date

Please return this form to practice@ncbon.com

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