



NORTH CAROLINA BOARD OF NURSING
Nurse Aide II Course
Faculty Data Form

Course Name <i>ABC Community College, ABC Healthcare Training Institute</i>	Course Approval Number(s)
Address	City/State/Zip
Course Coordinator	Email

Name of Faculty Member (as it appears on RN license)	NC License Number
Check appropriate title for the new faculty member: <input type="checkbox"/> Faculty <input type="checkbox"/> Course Coordinator <input type="checkbox"/> Course Director If this is notification of a new course coordinator, the course director must complete the following information: Effective Date for New Course Coordinator: Email and Phone Number of New Course Coordinator:	

Place of Employment	Dates of Employment – Mo/Yr to Mo/Yr - (At least two years of direct patient care as a Registered Nurse)	Title & Duties - Include level of licensure for each employer

Describe Experiences Teaching Adult Learners

<i>I verify and accept the completeness and accuracy of the above information.</i>	
Course Coordinator Signature (Course director must sign if notifying of new course coordinator)	Date

Submit completed form to practice@ncbon.com.

For Office Use Only

Verified By	Date