



P.O. Box 2129  
Raleigh, North Carolina 27602  
919.782.3211  
FAX 919.781.9461  
Nurse Aide II Registry 919.782.7499  
www.ncbon.com

## Nurse Aide II Competency Assessment Center Request

<b>Course Name</b>	
<b>Program Coordinator</b>	
<b>Phone</b>	
<b>Email</b>	

I request to become an approved NA II 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.

<b>Proposed Date of First Offering</b>	<b>Number of Times Offered During the Next Two Years</b>

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

<b>Program Coordinator Signature</b>	<b>Date</b>

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