



North Carolina Department of Health and Human Services
 Division of Health Service Regulation
 Adult Care Licensure Section
 2708 Mail Service Center
 Raleigh, North Carolina 27699-2708
 Phone: 919-855-3765
 Fax: 919-733-9379

**ADULT CARE HOME CONTINUING EDUCATION COURSE/PROGRAM
 APPLICATION FOR CONTINUING EDUCATION PROGRAM
 APPROVAL**

1. _____
Name of Program Sponsor (Organization or individual which may or may not be same as instructor)
2. Contact Person _____ Phone _____ Fax _____
3. E-mail address _____
4. _____
Street City State Zip County
5. Course/Program Topic _____
6. Number of Instruction/Classroom Hours (excluding breaks or meal times) _____ Fee _____
7. Name(s) of Instructor(s) _____
8. Attach the Following:
 - a. Learning objectives
 - b. Content outline with time schedule - show time allotted to each program topic
 - c. List of any media aids planned
 - d. Instructor resume
 - e. Sample CE Certificate to be issued to participants with name of program sponsor and space for recording participant's name, CE hours completed and instructor's signature, signature and title of person verifying participation if a conference or no instructor on site (video presentations, teleconferences, etc.), or signature of representative of program sponsor if self-study.

Signature of Person Submitting Application Title Date

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Submit one completed application for each proposed course/program. Please notify this office of any proposed changes in the hours, content or instructors or if the course/program is no longer offered.

