



**North Carolina Department of Health and Human Services  
 Division of Health Service Regulation ■ Adult Care Licensure Section**  
 Tel 919-855-3765 ■ Fax 919-733-9379 ■ Courier 56-20-05  
 2708 Mail Service Center ■ Raleigh, North Carolina 27699-2708

Michael F. Easley, Governor

Dempsey Benton, Secretary

Barbara Ryan, Chief

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 \_\_\_\_\_  
E-mail address \_\_\_\_\_
3. \_\_\_\_\_  
Street City State Zip  
\_\_\_\_\_  
County
4. Course/Program Topic \_\_\_\_\_
5. Number of Instruction/Classroom Hours (excluding breaks or meal times) \_\_\_\_\_ Fee \_\_\_\_\_
6. Name(s) of Instructor(s) \_\_\_\_\_  
\_\_\_\_\_
9. 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

Mail to: ADULT CARE LICENSURE SECTION  
 2708 MAIL SERVICE CENTER  
 RALEIGH, N.C. 27699-2708  
 Phone: (919) 855-3765  
 Fax: (919) 733-9379

**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.**