

**Nurse Aide II
Competency Assessment Center Request**

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| 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 tammy@ncbon.com

Rev: 4/24/2024

