

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

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

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

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

<b>Describe Experiences Teaching Adult Learners</b>

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

Submit completed form to [sthompson@ncbon.com](mailto:sthompson@ncbon.com)

**For Office Use Only**

*Revised: March 5, 2024*

<b>Verified By</b>	<b>Date</b>

