

# Cover Page

## Submission of Training for Penalty Recommendation

Instructions:

1. Training will only be considered if:
  - Training was completed after the violation was cited;
  - Training was specific to the violation; and
  - The Department has determined the violation is corrected and facility has continued to remain in compliance with the regulations cited.
2. Submit a copy of the completed training, include:
  - Outline/Agenda;
  - Date(s) and Time(s) of Training;
  - Staff Attendance/Sign-in sheets; and,
  - Trainer's name and resume or CV
2. Complete the information below for the penalty recommendation.
3. Attach a separate cover page for each penalty recommendation submitted.
4. Redact any resident names or confidential information from the information submitted. (If resident names or confidential information are not redacted, information will not be considered.)
5. Use Resident Identifiers used in the Statement of Deficiencies.
6. Mail a copy of the information with the completed cover page to:

Adult Care Licensure Section  
ATTN: Marcella Crocker  
2708 Mail Service Center  
Raleigh, NC 27699-2708

(Fax and email are not accepted.)

**Facility Name:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Survey Date on the Statement of Deficiencies:** \_\_\_\_\_

**Rule Area and G.S. of Violation:** \_\_\_\_\_

**Name of person to contact and contact number, if  
questions:** \_\_\_\_\_