



Continuing Care Advisory Committee Application for Appointment

(Pursuant to N.C. Gen. Stat. § 58-64A-370)

Purpose of the Committee:

The Continuing Care Advisory Committee was established by law to advise the Commissioner of Insurance on matters related to the operation and regulation of continuing care retirement communities (CCRCs) and continuing care at home (CCaH) programs. The Committee meets at least twice per year and may meet more often at the direction of its chair.

Its purpose is to provide a forum for residents, providers, and industry professionals to share perspectives, identify concerns, and discuss developments in the continuing care industry. The Committee reports to the Commissioner on resident issues, provider challenges, and emerging trends, and may recommend changes in statutes or rules to improve regulation and consumer protection.

The Committee is composed of 12 members: six appointed by the Commissioner of Insurance and six appointed by legislative leaders. This structure ensures a balance of viewpoints, with residents, providers, and industry representatives all contributing to the Committee's work.

Personal Information:

Full Name:

Mailing Address:

City/State/Zip:

Phone:

Email:

Appointment Category:

Please check the category or categories under which you seek appointment. You must meet the statutory requirements for at least one of the following:

- ☐ Resident of a Continuing Care Retirement Community (CCRC)
- ☐ Owner of a CCRC
- ☐ Provider of continuing care
- ☐ Provider of a continuing care at home (CCaH) program
- ☐ Representative of residents of CCRCs (by vocation, employment, or affiliation)
- ☐ Representative of CCRCs (by vocation, employment, or affiliation)

Background & Qualifications:

Name of CCRC or provider where you reside, work, or are affiliated (if applicable):

Current occupation/professional role:

Relevant education, credentials, or licensure:

Brief description of experience relevant to continuing care or to resident/CCRC representation:

Interest Statement:

Please describe why you are interested in serving on the Continuing Care Advisory Committee and what perspectives or expertise you would bring:

Certification & Signature:

I certify that the information provided in this application is accurate and complete. I understand that service on the Continuing Care Advisory Committee is a public service appointment without compensation, but that I will be reimbursed for travel expenses at the rates set out in N.C. Gen. Stat. § 138-6. If appointed, I will serve a three-year term or until my successor is appointed and qualified.

Signature:

Date:

Submission Instructions:

Please submit your completed application by email to: jeff.trendel@ncdoi.gov

If you are unable to submit by email, please contact **Jeff Trendel at 919-807-6148** for alternate arrangements.