

STATE OF MAINE
NURSING HOME ADMINISTRATORS
LICENSING BOARD

APPLICATION FOR LICENSURE

- Administrator-In-Training Program
- Temporary Nursing Home Administrator
 - Nursing Home Administrator
- Multi-Level Long Term Care Facility Administrator



Department of Professional and Financial Regulation
Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626
Office Facsimile: (207) 624-8637
TTY/HEARING IMPAIRED (888) 577-6690
Internet: www.maine.gov/professionallicensing

Office located at: 122 Northern Avenue, Gardiner, Maine 04345

APPLICANT INFORMATION GUIDE

The application material you have requested from the Nursing Home Administrators Licensing Board is enclosed. It contains all the relevant materials you need to complete your application for licensure in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

FURNISHED TO APPLICANT

- Application Information Guide
- Individual License Application
- Application for State Examination
- Verification of Licensure Form
- Statement of Need
- Accommodation Request Form
- Documentation of Disability Related Needs
- NPDB/HIPDB Self-query Report Information Sheet

ADDITIONAL RESOURCES

- Licensing Law for Nursing Home Administrators

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.

Available: <http://janus.state.me.us/legis/statutes/32/title32ch2sec0.html> or call (207) 624-8626

- Licensing Rules for Nursing Home Administrators

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#371> or call (207) 624-8626

- Licensing Rules for the Department of Professional and Financial Regulation

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

- Statutory Authority, Titles 5 & 10

Available: <http://janus.state.me.us/legis/statutes/10/title10ch0sec0.html>

<http://janus.state.me.us/legis/statutes/5/title5ch0sec0.html>

APPLICATION PROCEDURE

- Please submit your application materials to the Board by mail or hand delivery to our offices. Fax submissions will not be accepted. If the application you submit to us is complete, it will be reviewed and processed in the order it was received.
- If there are deficiencies with your application, you will be notified by mail.
- Please do not call our office regarding the status of your application. Information regarding the status of applications may be found at the Office of Licensing & Registration's website: http://www.maine.gov/pfr/professionallicensing/license_search.htm. We appreciate your thoughtful attention to this request.
- All material pertaining to an application must be received by the Board within a span of no more than six months. Applications which remain incomplete for more than six months will be disposed of. Candidates whose applications have been incomplete for more than six months will be required to submit **new** application materials if they seek licensure.
- All name and/or address changes must be submitted to the Board, **in writing**, either by mail or fax throughout your licensure.

ADMINISTRATOR-IN-TRAINING PROGRAM (AIT)

All applicants applying for an Administrator-in-Training Program (AIT) must submit the following:

- Completed and signed Application; (Pages 7 – 9)
- Payment of an Application Fee of \$75.00;
- Payment of an Examination Fee of \$75.00;
- Payment of an AIT Fee of \$125.00;
- Payment of a Criminal History Records Check Fee of \$21.00;

Note: All fees can be in one payment.

- Transcript(s) documenting educational requirements as stated in Board rules Chapter 2, § 1(B);
- Two (2) reference letters indicating the applicant to be of good record and reputation for honest and reliable conduct in personal and business affairs;
- Resume;
- NPDB/HIPDB Self-query Reports;
- Formal Training Guide; and
- Written documentation that the applicant's Preceptor has completed a Board approved Preceptor Training Program.

A Preceptor as defined in Board Rules shall supervise the AIT program. Please review Chapter 2 of the Board Rules for further information pertaining to application for the AIT Program.

Upon submission of the above requirements, the applicant shall report to the Board, at a regularly scheduled meeting, for the purpose of orientation.

During the AIT program, the applicant shall submit a monthly progress report, which shall provide the Board with a summary of the previous month's activities, including dates and times of the activities. The Preceptor shall review and sign this report, which shall be submitted to the Board by the 10th of the following month.

Upon completion of the AIT Program and all other necessary requirements, the applicant shall make application for examination in writing on forms provided by the Board. Upon successful completion of both the state and national examinations, the applicant shall be eligible for licensure.

NURSING HOME ADMINISTRATOR

All applicants applying for licensure as a Nursing Home Administrator must have passed both the state and national examinations and must submit the following requirements:

- Completed and signed Application; (Pages 7 – 9)
- Payment of an Application Fee of \$75.00;
- Payment of an Examination Fee of \$75.00;
- Payment of a Licensure Fee of \$200.00;
- Payment of a Criminal History Records Check Fee of \$21.00;

Note: All fees can be in one payment.

- Transcript(s) documenting educational requirements as stated in Board rules Chapter 2, § 1(B);
- Two (2) reference letters indicating the applicant to be of good record and reputation for honest and reliable conduct in personal and business affairs;
- Resume;
- NPDB/HIPDB Self-query Reports; and
- Documentation that the applicant has completed a Board–approved AIT Program or be eligible for endorsement as specified in Chapter 6 of the Board Rules.

Upon submission of the above requirements, the applicant shall report to the Board, at a regularly scheduled meeting, for the purpose of orientation. If an applicant is deemed to have met all requirements, they shall be scheduled to sit for the state examination. Upon successful completion of the state examination, they shall be issued a license as a Nursing Home Administrator.

TEMPORARY LICENSURE

In order to fill a position that unexpectedly becomes vacant for an Administrator in a facility covered by Board Rules; the Board shall issue a temporary license provided that the applicant has met the requirements as stated in Chapter 7 of the Board Rules.

All applicants applying for temporary licensure must submit the following:

- Completed and signed Application; (Pages 7 – 9)
- Payment of an Application Fee of \$75.00;
- Payment of a Licensure Fee of \$125.00;
- Payment of a Criminal History Records Check Fee of \$21.00;

Note: All fees can be in one payment.

- Two (2) reference letters indicating the applicant to be of good record and reputation for honest and reliable conduct in personal and business affairs;
- Resume;
- NPDB/HIPDB self-query reports; and
- Statement of Need. (Page 13)

Upon submission of the above requirements, the applicant shall report to the Board, at a regularly scheduled meeting for the purpose of orientation.

The temporary license shall be issued for a period not to exceed three (3) months, but it may be renewed for an additional three (3) months at the discretion of the Board, upon demonstration of extreme hardship and in the interest of the public protection.

MULTI-LEVEL LONG TERM CARE FACILITY ADMINISTRATOR

All applicants applying for licensure as a Multi-Level Long Term Care Facility Administrator shall be required to meet the qualifications pertaining to both Nursing Home Administrators and to Residential Care Facility Administrators.

Applicants applying for licensure must submit the requirements pertaining to licensure as a Nursing Home Administrator and in addition, submit documentation that the applicant has demonstrated knowledge of residential care/assisted living by completing one of the requirements stated in Chapter 4, § 1 of the Board Rules.

All applicants applying for licensure as a Multi-Level Long Term Care Facility Administrator must have passed both the state and national examinations.

Upon submission of the above requirements, the applicant shall report to the Board, at a regularly scheduled meeting, for the purpose of orientation. If an applicant is deemed to have met all requirements, they shall be scheduled to sit for the state examination. Upon successful completion of the state examination, they shall be issued a license as a Multi-Level Long Term Care Facility Administrator.

ENDORSEMENT

The Board may endorse, without written national examination, a valid, permanent license issued by the proper authorities of any other state to a Nursing Home Administrator or Multi-Level Long Term Care Facility Administrator, upon payment of the established fee, provided that the applicant has met the requirements as stated in Chapter 6, §1 of the Board Rules.

All applicants applying for licensure by endorsement must submit the following:

- Completed and signed Application; (Pages 7 – 9)
- Payment of an Application Fee of \$75.00;
- Payment of an Examination Fee of \$75.00;
- Payment of a Licensure Fee of \$200.00;
- Payment of a Criminal History Records Check Fee of \$21.00;

Note: All fees can be in one payment.

- Documentation that the applicant has met the requirement for licensure as stated in Chapter 6 § 1 of Board Rules;
- Written verification of satisfactory completion of the NAB national examination;
- Two (2) reference letters indicating the applicant to be of good record and reputation for honest and reliable conduct in personal and business affairs;
- Resume;
- NPDB/HIPDB Self-query Reports; and
- Completed Verification of Licensure from each state in which applicant holds or has held any certification, licensure, or other credential. (Pages 11 – 12)

Applicants applying for licensure by endorsement must pass the state examination.

Upon submission of the above requirements, the applicant shall report to the Board, at a regularly scheduled meeting, for the purpose of orientation. If an applicant is deemed to have met all requirements, they will be eligible to sit for the state examination. Upon successful completion of the state examination a license will be issued to them for the category in which they are applying.

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 122 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website: www.maine.gov/professionallicensing/license_search.htm.
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question.
- Sign and date your application.
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ()	FAX ()	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE

NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.

1. Have you ever been convicted by any court of any crime? (circle one) NO YES
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.

2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES
If yes, enclose a detailed explanation and copies of all documents.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE	DATE
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Nursing Home Administrators Licensing Board	
<p>Please Select Type:</p> <p><input type="checkbox"/> Multi-Level Long Term Care Administrator (MLA1421) <input type="checkbox"/> Nursing Home Administrator (AD1421) Required Fee: \$371 (includes Criminal History Check Fee)</p> <p><input type="checkbox"/> Temporary License (AT1421) Required Fee: \$221 (includes Criminal History Check Fee)</p> <p><input type="checkbox"/> Administrator-In-Training Program (AIT1421) Required Fee: \$296 (includes Criminal History Check Fee)</p> <p>Please Check Here for State Examination:</p> <p><input type="checkbox"/> Examination (1447)</p>	<p>Office Use Only:</p> <p>1421 - \$200.00 1421 - \$125.00 1447 - \$75.00 1446 - \$75.00 2619 - \$21.00</p> <hr/> <p><i>Office Use Only:</i></p> <p>Check # _____ Amount: _____ Cash # _____ Lic. # _____</p>

Rev. 7/2008

PAYMENT OPTIONS:			
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Dept. of Professional and Financial Regulation, Office of Licensing and Registration to charge my			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	the following amount: \$ _____	
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
SIGNATURE	DATE		

FACILITY INFORMATION

Facility: _____

Mailing Address: _____ County: _____

Work Telephone: (_____) _____

EDUCATION

Degree Earned: _____ Date Received: _____

ADMINISTRATOR-IN-TRAINING

Name of Training Site: _____

Address of Training Site: _____

Name of Preceptor: _____

Preceptor's License Number: _____ Date of Licensure: _____

Did Preceptor complete a Preceptor Training Program? Yes No Date of completion: _____

Name of Facility where Preceptor is employed: _____

Length of Training Program Full-time (Six Months) Part-time (Twelve Months)

Commencement date: _____

Identify additional training sites: SNF: _____

ICF/MR: _____

Residential Care: _____

TEMPORARY LICENSE

Name of Facility: _____

Mailing Address of Facility: _____

Name of License Consultant: _____

Consultant's License Number: _____ Date of Licensure: _____

Name of Facility where Consultant is employed: _____

Mailing Address: _____

Anticipated date of employment as a Temporary Licensee: _____

ENDORSEMENT/RECIPROCITY

Name of state(s) in which you are licensed or have held licenses:

_____ License #: _____
_____ License #: _____

Did you complete a structured Administrator-in-Training Program? Yes No

If yes, name of State: _____ Date: _____

Date of original license: _____

DISCIPLINARY HISTORY

Have you ever been excluded from participation in Medicare/Medicaid reimbursement?

YES NO

If yes, please enclose a detailed explanation.

AFFIRMATION

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

Signature of applicant

Date



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
Nursing Home Administrators Licensing Board
 35 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0035

JOHN ELIAS BALDACCI
 GOVERNOR

ANNE L. HEAD
 DIRECTOR

APPLICATION FOR STATE EXAMINATION

Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

Name: _____

Any other names used: _____

Social Security Number: _____ Date of Birth: _____

Mailing Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: (_____) _____ Work Telephone: (_____) _____

Facility: _____

Mailing Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Work Telephone: (_____) _____

Completion Date of AIT Program (if applicable): _____





STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
Nursing Home Administrators Licensing Board
 35 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0035

JOHN ELIAS BALDACCI
 GOVERNOR

ANNE L. HEAD
 DIRECTOR

VERIFICATION OF LICENSURE

The applicant listed below is applying for licensure in the State of Maine. The Maine Nursing Home Administrators Licensing Board requests written verification from each state the applicant holds or has held any certification, licensure, or other credential. This is your authority to release any information in your files, favorable or otherwise. **Please mail this verification directly to the Maine Nursing Home Administrators Licensing Board at the above listed address.**

The section below is to be completed by the applicant and forwarded to the State Board in which you hold or have held certification, licensure, or other credential. Any associated fees are the responsibility of the applicant. If Verification of Licensure is needed for more than one state, please copy form as needed.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

License Number: _____ State: _____ Date of Issue: _____

 Signature of Applicant

 Date

This section to be completed by the State Licensing Board where the applicant holds or has held any certification, licensure, or other credential.

Name: _____ Date of Birth: _____

Address: _____ Social Security #: _____

Home Telephone: (_____) _____ Work Telephone: (_____) _____

Education (mark the highest level) High School College
 Graduate Post Graduate

Type of License held: _____ License number: _____

State: _____ Date Issued: _____ Expiration Date: _____

(continued on next page)





STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
Nursing Home Administrators Licensing Board
 35 STATE HOUSE STATION
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(continued from previous page)

If this is not the state of original licensure, was license issued through reciprocity/endorsement?

Yes No From what state? _____

Was this individual licensed on the basis of his/her certification through the American College of Health Care Administrators? Yes No

Status of License: Active Inactive Expired

Exam: NAB PES Other

Score Raw _____ Scale _____ Date of Exam: _____ State: _____

Was an AIT/Practicum successfully completed? Yes No

If yes, length of AIT/Practicum: _____

Has the Board ever disciplined the applicant? Yes No

If yes, please explain: _____

Is there any investigation or disciplinary action pending? Yes No

If yes, please explain: _____

Signed _____

Printed name and title _____

State Seal

State _____

Date _____

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PRINTED ON RECYCLED PAPER



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
Nursing Home Administrators Licensing Board
 35 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0035

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ANNE L. HEAD
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STATEMENT OF NEED
To be completed for Temporary Licenses only

The position of administrator for _____
 Facility

has become unexpectedly vacant due to the following circumstances:

The facility does intend to hire _____
 Name

to fill this position with the stipulation that _____
 Facility

will retain the following board approved licensed administrator consultant:

Name	License Number
------	----------------

during the period in which the applicant renders service to the facility under a temporary license.

 Owner or Representative of Governing Board

 Date





STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
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Nursing Home Administrators Licensing Board
 35 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0035

JOHN ELIAS BALDACCI
 GOVERNOR

ANNE L. HEAD
 DIRECTOR

ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Name: _____
 Address: _____
 Telephone #: _____ Social Security Number: _____

Accommodations Requested for the _____ Examination.

Disability _____

Please check all that apply

- Accessible Testing Site**
- Separate Testing Site**
- Braille**
- Large Print**
- Tape**
- Reader as Accommodation for Visual Impairment**
- Scribe/Amanuensis as Accommodation for Visual or Motor Impairment**
- Reader as Accommodation for Learning Disability**
- Scribe/Amanuensis as Accommodation for Learning**
- Sign Language Interpreter**
- Extended Time**
 - Time-and-a-half**
 - Double time**
 - More than double time (specify) _____**
- Use of Computer or Other Adaptive Equipment (specify) _____**
- Other: _____**

Signed and Dated: _____





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DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.

I have known _____ since _____ in my capacity as a
 (Test applicant) (Date)

 (Professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (check all types)

- Taped test**
- Large print test**
- Reader**
- Scribe/amanuensis**
- Extended time**
 - Time-and-a-half**
 - Double time**
 - More that double time (please justify) _____**
- Separate Testing Area**
- Use of Computer or Other Adaptive Equipment (please specify) _____**
- Other (please specify) _____**

Signed: _____ **Title:** _____

Date: _____ **License # (if applicable):** _____





JOHN ELIAS BALDACCI
 GOVERNOR

ANNE L. HEAD
 DIRECTOR

National Practitioner Data Bank (“NPDB”) and Healthcare Integrity and Protection Data Bank (“HIPDB”) Self-Query Reports

Pursuant to 10 M.R.S.A. §8003, sub-§10*, the Office of Licensing and Registration will require all applicants to submit a NPDB/HIPDB Self-Query Report as part of the initial application for licensure within each of the following allied health licensure programs effective **November 1, 2007**. Applications received without the NPDB/HIPDB self-query report will be considered incomplete which will further delay the application process.

* **“National disciplinary record system.** Within the limits of available revenues, all bureaus, offices, boards or commissions internal or affiliated with the department shall join or subscribe to the national disciplinary record system used to track interstate movement of regulated professionals who have been the subject of discipline by state boards, commissions or agencies and report disciplinary actions taken within this State to that system.”

Alcohol and Drug Counselors

- License Alcohol and Drug Counselors
- Certified Alcohol and Drug Counselor
- Certified Clinical Supervisor
- Alcohol and Drug Counselor Aide

Athletic Trainers

- Athletic Trainers

Chiropractic Licensure

- Chiropractor, Chiropractic Assistant
- Chiropractic Acupuncture

Complementary Health Care

- Acupuncturist, Naturopathic Doctor, Naturopathic Acupuncture, Chinese Herbal Formulation Certification

Counseling Professionals

- LP, PC, LMFT, LCPC, RC
- Including Conditional

Dietetic Practice

- DI, DT / Including Temporary

Hearing Aid Dealers and Fitters

- Hearing Aid Dealer and Fitter / Trainees

Massage Therapists

- Massage Therapist

Nursing Home Administrators

- AD, MLA, RC

Occupational Therapy

- OT, OTA / Including Temporary

Physical Therapy

- Physical Therapists
- Physical Therapists Assistants

Pharmacy

- Pharmacist
- Pharmacist Technician
- Pharmacies
- Mail Order Pharmacies
- Mail Order Contact Lens Suppliers
- Wholesale Distributor
- Manufacturer

Podiatric Medicine

- Podiatrist, Resident Podiatrist

Psychologists

- Psychologist, Psychologist Examiners
- Including Conditional and Temporary

Radiologic Technologists

- Radiologic Technologists – 3 authorities
- Limited Radiographers / Special Permit
- Including Temporary

Respiratory Care

- Respiratory Therapist
- Respiratory Technician
- Associate

Social Worker Licensure

- LS, LX, LM, LC, MC

SLP and Audiologists

- SLP, Audiologist

The instructions to request a self-query report are available at NPDB/HIPDB’s website: www.npdb-hipdb.hrsa.gov. The website includes a Fact Sheet on self-querying, as well as FAQs to assist you in requesting a report. Customer Service Contact information is provided below:

NPDB-HIPDB Customer Service Center
Tel: (800)767-6732
TDD: (703)802-9395