

STATE OF MAINE  
NURSING HOME ADMINISTRATORS  
LICENSING BOARD

**APPLICATION FOR LICENSURE**

- Residential 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](http://www.maine.gov/professionallicensing)

Office located at: 76 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
- Verification of Licensure Form
- 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://www.mainelegislature.org/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://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>  
<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.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](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.

### **Residential Care Facility Administrator**

All applicants must submit the following:

- Completed and signed Application;
- Payment of an Application 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.**

- Written documentation that the applicant meets the requirements for a Residential Care Facility Administrator as outlined in Chapter 3, § 1(B) of the Board Rules;
- Two (2) written character reference letters indicating that the applicant is of good record and reputation for honest and reliable conduct in personal and business affairs;
- NPDB/HIPDB self-query reports; and
- If applying by endorsement, Verification of Licensure from each state in which applicant holds or has held any certification, licensure, or other credential.

If you are applying for licensure by endorsement, you must meet the requirements of Chapter 6 of the Board Rules.

### 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?** 76 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](http://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	

<b>CRIMINAL BACKGROUND DISCLOSURE</b>
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>
<b>1. Have you ever been convicted by any court of any crime? (circle one)      NO      YES</b> If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.
<b>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</b> 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.
<b>SIGNATURE</b> <span style="float:right"><b>DATE</b></span>

<b>Nursing Home Administrators Licensing Board</b>	
<b>Please Select License Type:</b>  <input type="checkbox"/> Residential Care Facility Administrator (RCA1421)	<b>Office Use Only:</b> 1421 - \$200.00 1446 - \$75.00 2619 - \$21.00
<b>Required Fee: \$296</b> <b>(includes Criminal History Records Check Fee)</b>	<i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____
Rev. 7/2008	

<b>PAYMENT OPTIONS:</b>	
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>
<b>SIGNATURE</b>	<b>DATE</b>

**FACILITY INFORMATION**

Facility: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

**DISCIPLINARY HISTORY**

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

YES       NO

If yes, please enclose a detailed explanation.

**CREDENTIALING HISTORY**

Do you currently hold or have you previously held a license or registration in any jurisdiction?

YES       NO

If yes, please complete the following:

State: \_\_\_\_\_ License #: \_\_\_\_\_

Date issued: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**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

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

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STATE OF MAINE  
 DEPARTMENT OF PROFESSIONAL  
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**Nursing Home Administrators Licensing Board**  
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ANNE L. HEAD  
 DIRECTOR

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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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JOHN ELIAS BALDACCI  
GOVERNOR

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF LICENSING & REGISTRATION  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

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](http://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**

Dated: September 28, 2007