

**STATE OF MAINE**  
**NURSING HOME ADMINISTRATORS**  
**LICENSING BOARD**  
**APPLICATION FOR LICENSURE**

- Temporary 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
- Statement of Need
- 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.

## **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;
- 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;
- Completed Verification of Licensure from each state in which applicant holds or has held any certification, licensure, or other credential (if applicable);
- NPDB/HIPDB self-query reports; and
- Statement of Need.

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.

During temporary licensure, a monthly evaluation report shall be provided to the Board. (See Chapter 7 of the board's 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)</b>	<b>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)</b>	<b>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>	<b>DATE</b>

<b>Nursing Home Administrators Licensing Board</b>	
<b>Please Select Type:</b> <input type="checkbox"/> Temporary License (AT1421) Required Fee: \$221 (includes Criminal History Check Fee)	<b>Office Use Only:</b> 1421 - \$125.00 1446 - \$75.00 2619 - \$21.00
	<i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____
Rev. 10/2008	

<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>		

**EDUCATION**

Degree Earned: \_\_\_\_\_ Date Received: \_\_\_\_\_

**FACILITY INFORMATION**

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: \_\_\_\_\_

**CREDENTIALING HISTORY**

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

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

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

Date of original license: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**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



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

JOHN ELIAS BALDACCI  
 GOVERNOR

ANNE L. HEAD  
 DIRECTOR

**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:

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

\_\_\_\_\_  
 Owner or Representative of Governing Board

\_\_\_\_\_  
 Date



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**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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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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**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**