State of Maine
Department of Professional & Financial Regulation
Office of Professional & Occupational Regulation

COVID-19 EMERGENCY TEMPORARY REINSTATEMENT REQUEST

APPLICANT INFORMATION (please print)

<table>
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<tr>
<th>FULL LEGAL NAME:</th>
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MAILING ADDRESS

| CITY | STATE | ZIP |

PHONE # | FAX # | E-MAIL

( ) | ( ) |

PLEASE INDICATE THE TYPE AND NUMBER OF THE MAINE LICENSE YOU WISH TO TEMPORARILY REACTIVATE:

- □ Acupuncturist
- □ Audiologist
- □ Certified Deaf Interpreter
- □ Certified Interpreter
- □ Certified Professional Midwife
- □ Chiropractor
- □ Clinical Professional Counselor
- □ Dietitian
- □ Hearing Aid Dealer & Fitter
- □ Licensed Alcohol & Drug Counselor
- □ Licensed Clinical Social Worker
- □ Marriage & Family Therapist
- □ Multi-Level Long Term Care Administrator
- □ Naturopathic Doctor
- □ Nursing Home Administrator
- □ Occupational Therapist
- □ Pastoral Counselor
- □ Pharmacist
- □ Pharmacy Intern
- □ Pharmacy Technician
- □ Physical Therapist
- □ Podiatrist
- □ Psychologist
- □ Radiologic Technologist
- □ Respiratory Care Technician
- □ Respiratory Care Therapist
- □ Speech-Language Pathologist
- □ Speech-Language Pathologist/Audiologist
- □ Veterinarian

MAINE LICENSE #:
**Affirmation**

I affirm that I held an active Maine license that was not a conditional license, was in good standing with this State and not subject of any outstanding complaint or open investigation when the license terminated, and had no disciplinary or adverse action in the past ten years involving loss of license, probation, restriction, or limitation.

By my signature, I hereby certify that the information provided is true and accurate to the best of my knowledge and belief. By submitting this, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of an Emergency Temporary License and that this information is truthful and factual. I also understand that this Emergency Temporary License will only remain valid until 60 days after the conclusion of the declared state of civil emergency unless surrendered.

SIGNATURE: __________________________________   DATE: ______________________