



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

## Educational Worksheet

**Applicant's Name:** \_\_\_\_\_ **Applicant's School(s):** \_\_\_\_\_

**INSTRUCTIONS:** Please complete this worksheet by reporting a minimum of twelve (12) semester hours (or its quarter hour equivalent) of undergraduate or graduate coursework from an accredited educational institution in the chart below. Six (6) hours should be coursework related to management. The remaining six (6) hours should be related to health care/human services. In order to expedite the review of your application, you are also encouraged to submit descriptive information, such as a course description or syllabus current at the time the course was taken, substantiating the content of each of the courses listed on the worksheet. You may attach additional worksheets if necessary.

Course Title	Course Number	Credit Hours	Type	Description or Syllabus attached?
			<input type="checkbox"/> Health care <input type="checkbox"/> Management	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> Health care <input type="checkbox"/> Management	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> Health care <input type="checkbox"/> Management	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> Health care <input type="checkbox"/> Management	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> Health care <input type="checkbox"/> Management	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> Health care <input type="checkbox"/> Management	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> Health care <input type="checkbox"/> Management	<input type="checkbox"/> YES <input type="checkbox"/> NO