

STATE OF MAINE  
NURSING HOME ADMINISTRATORS  
LICENSING BOARD

**APPLICATION FOR LICENSURE**

- Residential Care Facility Administrator



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

Office Telephone: (207) 624-8634  
Office Facsimile: (207) 624-8637  
TTY USERS CALL MAINE RELAY 711  
Internet: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

Office located at: 76 Northern Avenue, Gardiner, Maine 04345

# APPLICANT INFORMATION GUIDE

## ADDITIONAL RESOURCES

- Licensing Law for Long Term Care 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>
- Licensing Rules for Long Term Care 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>
- Licensing Rules for the Department of Professional and Financial Regulation  
**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with Office of Professional and Occupational Regulation Rules, Chapters 10, 11 and 13, throughout your licensure.**  
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 to our office. Applications are reviewed and processed as quickly as possible in the order received. Incomplete applications, underlying circumstances surrounding applications and periods of high volume could result in further delays.
- If there are deficiencies with your application, you will be notified by email. It is the responsibility of the applicant to see that all documentation is completed and returned to the department for consideration.
- 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 Professional and Occupational Regulation's website: <http://pfr.informe.org/almsonline/almquery/welcome.aspx>. We appreciate your thoughtful attention to this request.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

**Mailing Address:** 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345  
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine relay 711 Web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

### 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?** Due to the Covid-19 pandemic, and until further notice, the Gardiner Annex that houses the Office of Professional and Occupational Regulation and other agencies is closed to the public. OPOR staff members work remotely from 8 am to 5 pm to review and process license applications. We advise you to mail paper applications to 35 State House Station, Augusta, ME 04333
- **Can I come to Gardiner to drop off my application?** No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address-35 State House Station, Augusta, ME 04333.
- **Can I come to Gardiner to pick up my license?** No. Your license will be emailed to you.
- **How can I check the status of my application?** You can check our website: <http://pfr.informe.org/almsonline/almquery/welcome.aspx>.
- **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 Professional and Occupational Regulation 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.
- 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.

## **Licensure as a Residential Care Facility Administrator**

### **All applicants for licensure must submit the following:**

- Completed and signed Application;
- Payment of a License Fee of \$200.00;
- Payment of a Criminal History Records Check Fee of \$21.00;  
**Note: All fees can be in one payment.**
- Proof of Age;
- Proof of completion of the required continuing education;  
Documentation demonstrating knowledge of residential care/assisted living by one (1) of the following means:
  - Possess a high school diploma and have completed one of the following options:
    - A Board-approved program in residential care/assisted living (Please note: no programs approved since June 2010); or
    - A Certificate of Advanced Study in LTC Administration from an accredited college, including at least three (3) semester hours in AL or Res Care; or
    - Twelve (12) semester hours from an accredited college with not fewer than six (6) in management and the balance in health care or human services (must complete Educational Worksheet); or
  - Be certified by the ACHCA as a Certified Assisted Living Administrator (copy of certificate mailed to the Board accepted); or
  - Official score report demonstrating passage of the NAB Residential Care/Assisted Living Examination and Core Examination issued directly to this Office by NAB or a Request for Examination Form.
- Official Verification(s) of Licensure for any license that you hold or have ever held (online verifications are acceptable).

### **And if applying by Endorsement include the following:**

- Copy of the laws and rules from the sending state.



**STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
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>Nursing Home Administrators Licensing Board License Application</b>		<b>Office Use Only:</b> 1421 - \$200.00 2619 - \$21.00
<b>Please Select Type:</b> <input type="checkbox"/> Residential Care Facility Administrator (RCA1421) <b>Required Fee: \$221 (includes Criminal History Records Check Fee)</b>		<small>Office Use Only:</small> Check # _____ Amount: _____ Cash # _____ Lic. # _____
<small>Rev. 8/2022</small>		

<b>PAYMENT OPTIONS:</b> Make checks payable to "Maine State Treasurer" – if you wish to pay by Mastercard, Visa, Discover or American Express fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
MAILING ADDRESS OF CARDHOLDER (please print)			
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS the following amount: \$ _____ <input type="checkbox"/> I understand that fees are non-refundable			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
<b>SIGNATURE</b>		<b>DATE</b>	

### High School Education

High School Diploma

School Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Equivalent (such as GED)

Please specify: \_\_\_\_\_ Date: \_\_\_\_\_

### Higher Education (Official transcripts must be submitted directly from Institution)

Name of Academic Institution: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Degree Granted: \_\_\_\_\_

Date Conferred: \_\_\_\_\_

Name of Academic Institution: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Degree Granted: \_\_\_\_\_

Date Conferred: \_\_\_\_\_

### Previous and/or Intended Long Term Care Employment (if any)

Workplace Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

Dates: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Workplace Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

Dates: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

### Disciplinary Information

**Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure?**

If yes, enclose a detailed explanation and copies of all documents.

[ ] YES [ ] NO

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

If yes, please enclose a detailed explanation.

[ ] YES [ ] NO

**Credentialing History**

<b>Do you hold or have you ever held a professional license/certification/ registration in this or any other state/country?</b>	[ <input type="checkbox"/> ] YES [ <input type="checkbox"/> ] NO
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If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

<p>Have you ever taken a residential care administrator examination?</p> <p>If yes:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%; padding: 5px;">Exam Title:</td> <td style="width:65%; padding: 5px;">Location:</td> </tr> <tr> <td style="padding: 5px;">Date Taken:</td> <td style="padding: 5px;">                     Select One:  <input type="checkbox"/> Pass    <input type="checkbox"/> Fail                 </td> </tr> </table>	Exam Title:	Location:	Date Taken:	Select One: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	[ <input type="checkbox"/> ] YES [ <input type="checkbox"/> ] NO
Exam Title:	Location:				
Date Taken:	Select One: <input type="checkbox"/> Pass <input type="checkbox"/> Fail				

**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 Professional and Occupational Regulation 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.

I also understand, pursuant to 10 M.R.S §8003-G, I am to report to the Office, in writing, any change in my name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license I hold, or any material change set forth in this application within ten (10) days.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Nursing Home Administrators Licensing Board:**

**Statute Reference:** 32 MRSA Chapter 2 – Nursing Home Administrators Licensing Board Link: <http://www.mainelegislature.org/legis/statutes/32/title32ch2sec0.html>

**Rules Reference:** Nursing Home Administrators Licensing Board (02 371) Chapters 1-11 <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#371>

**Title 5 Administrative Procedures and Services Chapter 341**

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

**Title 10 Department of Business Regulation Law §§8001-8011**

<http://legislature.maine.gov/statutes/10/title10ch901sec0.html>

**Office of Professional and Occupational Regulation Rules 02 041**

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

ter 10, Establishment of License Fees

Chapter 11, Late Renewals

Chapter 13, Uniform Rule for the Substantiation of Continuing Education Requirements

**Maine Department of Health and Human Services:**

**Rules Reference:** Regulations Governing the Licensing and Functioning of Assisted Housing Programs – Chapter 113 (10 149) – Assisted Living Programs, Level IV Residential Care Facilities Link: [www.maine.gov/sos/cec/rules/10/ch113.htm](http://www.maine.gov/sos/cec/rules/10/ch113.htm)

**Rules Reference:** Regulations Governing the Licensing and Functioning of Skilled Nursing Facilities and Nursing Facilities – Chapter 110 (10-144) Link: [www.maine.gov/sos/cec/rules/10/ch110.htm](http://www.maine.gov/sos/cec/rules/10/ch110.htm)

**Rules Reference:** Regulations Governing the Licensing and Functioning of Intermediate Care Facilities for Persons with Mental Retardation – Chapter 118 (10- 144) Link: [www.maine.gov/sos/cec/rules/10/chaps10.htm](http://www.maine.gov/sos/cec/rules/10/chaps10.htm) (scroll down to Chapter 118)

By my signature below, I Attest that I have read all of the above listed laws and rules and will keep current by periodically revisiting them for any changes and updates.

I agree to abide by the Maine Nursing Home Administrators Licensing Board Statutes, Board Rules, Laws and Rules related to licensure as a Nursing Home Administrator and Maine Department of Health and Human Services Laws and Rules for Nursing Home administration. Above is a list of the relevant laws and rules and information to obtain these documents. This office cannot provide you with hardcopy documents, please visit the website(s) listed to obtain electronically available documents. These documents may be subject to change without notice and it is strongly advised that you periodically revisit these sites for any updates.

Printed Name of Applicant	Pending #
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

## 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



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### Request for Examination

One of the pathways to licensure as a Multi Level Administrator is successful passage of the NHA as well as RC/AL Examinations administered by the National Association of Long Term Care Administrator Boards (NAB). Should you choose to obtain licensure using the examination pathway, this form must be submitted by mail or courier to the Office with your application and other items as outlined in the Applicant Information Guide.

Please note that you may obtain additional information regarding the examination, including testing dates, locations and fees, and/or register for the examination by contacting NAB directly: <http://www.nabweb.org>.

Check Appropriate Category
<input type="checkbox"/> RC/AL Examination

Applicant Information (please print)		
Name of Applicant:		
Mailing Address:		
City:	State:	Zip Code:
Telephone:	E-mail address:	