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

COVID-19 EMERGENCY TEMPORARY LICENSE REQUEST

APPLICANT INFORMATION (please print)		
FULL LEGAL NAME: *FIRST* *MIDDLE INITIAL* *LAST*		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE # ( )	FAX # ( )	E-MAIL

PLEASE INDICATE THE EMERGENCY TEMPORARY LICENSE TYPE YOU ARE REQUESTING

- ☐ 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

I am licensed in the following state(s):

Profession	License #	State/ Country	Date Issued	Expiration Date	Is this license active, has had no disciplinary or adverse action in the past 10 years, and does not have an outstanding complaint or open investigation? Yes or No

Affirmation

I affirm that I hold an active license issued by another state that is not a conditional license, has had no disciplinary or adverse action in the past ten years involving loss of license, probation, restriction, or limitation, and is not the subject of any outstanding complaint or open investigation.

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: _____