

STATE OF MAINE
NURSING HOME ADMINISTRATORS
LICENSING BOARD
APPLICATION FOR LICENSURE

- Administrator-In-Training



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

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

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. We appreciate your thoughtful attention to this request.
- All name and/or address changes must be submitted to the Board, **in writing**, throughout your licensure.

ADMINISTRATOR-IN-TRAINING PROGRAM (AIT)

All applicants applying for an Administrator-in-Training Program (AIT) must submit the following:

- Completed and signed Application;
- Payment of an Application Fee of \$75.00;
- Payment of an AIT Fee of \$125.00;
- Payment of a Criminal History Records Check Fee of \$21.00;

Note: All fees can be in one payment.

- Official transcript(s) documenting educational requirements for MLA or NHA licensure (Chapters 2 and 4 of board's rules);
- 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);
- Formal Training Guide (See attached sample); and
- Written documentation that the applicant's Preceptor has completed a Board approved Preceptor Training Program.

A Preceptor as defined in Board Rules shall supervise the AIT program. Please review Chapter(s) 2 & 4 of the Board Rules for further information pertaining to application for the AIT Program.

During the AIT program, a monthly progress report shall be provided to the Board with a summary of the previous month's activities, including dates and times of the activities. The Preceptor shall review and sign this report, which shall be submitted to the Board by the 10th of the following month.

Upon completion of the AIT Program the AIT would need to file an application for permanent licensure and examination. Upon successful completion of both the state and national examinations, the applicant shall be eligible for licensure.

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.
- **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	FIRST	MIDDLE INITIAL	LAST
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	mm / dd / yyyy	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ()	FAX ()	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE

NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.

1. Have you ever been convicted by any court of any crime? (circle one) NO YES
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.

2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES
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.

SIGNATURE	DATE
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Nursing Home Administrators Licensing Board	
<p>Please Select Type:</p> <p><input type="checkbox"/> Administrator-In-Training Program (AIT1421) Required Fee: \$221 (includes Criminal History Check Fee)</p> <p>Please indicate level of licensure you will be applying for upon completion of the AIT program:</p> <p><input type="checkbox"/> MLA - Multi-Level Long Term Care Administrator or <input type="checkbox"/> NHA - Nursing Home Administrator</p>	<p>Office Use Only:</p> <p>1421 - \$125.00 1446 - \$75.00 2619 - \$21.00</p> <hr/> <p><small>Office Use Only:</small></p> <p>Check # _____ Amount: _____ Cash # _____ Lic. # _____</p>
<small>Rev. 2/2011</small>	

PAYMENT OPTIONS:			
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)	FIRST	MIDDLE INITIAL	LAST
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:	XXXX-XXXX-XXXX-XXXX	Expiration Date	mm / yyyy
SIGNATURE	DATE		

EDUCATION

Degree Earned: _____ Date Received: _____

ADMINISTRATOR-IN-TRAINING

Name of Training Site: _____

Address of Training Site: _____

Name of Preceptor: _____

Preceptor's License Number: _____ Date of Licensure: _____

Did Preceptor complete a Preceptor Training Program? Yes No Date of completion: _____

Name of Facility where Preceptor is employed: _____

Length of Training Program Full-time (Six Months) Part-time (Twelve Months)

Commencement date: _____

Identify additional training sites: SNF: _____

ICF/MR: _____

Residential Care: _____

CREDENTIALING HISTORY

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

_____ License #: _____

_____ License #: _____

Date of original license: _____

Expiration date: _____

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



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

Paul R. LePage
 Governor

Anne L. Head
 Director

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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 _____



PRINTED ON RECYCLED PAPER

COMPANY NAME

AIT PROGRAM SUMMARY

NAME OF AIT: _____

DATE: _____

NAME OF PRECEPTOR: _____

TRAINING SITE ADDRESS: _____

PHONE: _____

NUMBER OF WEEKS REQUIRED TO COMPLETE PROGRAM: _____ Weeks
_____ Hours

**Approximate Number of
Hours**

Instructor

Approximate Number of Hours		Instructor
	ACTIVITIES	
	ADMINISTRATION	
	BUSINESS OFFICE	
	DIETARY	
	EXAM PREPARATION	
	HOUSEKEEPING	

	LAUNDRY	
	INTERMEDIATE CARE NURSING FACILITY FOR PEOPLE WITH MENTAL RETARDATION (ICF/MR)	
	MAINTENANCE	
	MEDICAL RECORDS	
	NURSING	
	REHABILITATION	
	RESIDENTIAL CARE	
	SPECIAL PROJECTS	
	SOCIAL SERVICES/ ADMISSIONS	
Total Assigned Hours		

ADMINISTRATOR-IN-TRAINING PROGRAM

SPECIAL PROJECTS

* TBD

ADMINISTRATOR IN TRAINING PROGRAM

The following policy and procedure outlines the Administrator-in-Training program for

I. OBJECTIVES:

1. Adequately assess a potential administrative candidate on skills required to function effectively as a Nursing Home Administrator and to present an organized program for the development of a successful A.I.T. candidate.

II. GOALS:

1. Adequate skills assessment
2. Training based on assessment skills - develop weaknesses to functional ability.
3. Review of all operations of nursing facility management to the level of functional understanding.
4. Familiarize the AIT with the resident population, professionals in the health care arena, networks of support, and the local and state health care systems.
5. Acquaint the AIT to external factors affecting the facility – i.e., community, regulations, survey process, reimbursement, legislation, etc.
6. Preparation for state and federal licensure examination through complete review of all applicable licensure material.
7. Successful passing of licensure examination by the A.I.T. candidate.

III. POLICY AND PROCEDURE:

It is the policy and procedure of _____ to base and design its Administrator-In-Training Program on the approved National Association of Boards (NAB) Guidelines for Conducting an Administrator-In-Training Program by Oesterling, Robert D. Orientation of A.I.T. Candidates will be completed using on-site policies of the A.I.T. location as well as the NAB orientation by Robert Haacker, Ed. D.

Each A.I.T. candidate shall first complete the A.I.T. inventory of related knowledge and experience by Haacker, and this will be reviewed by the Administrative Preceptor, who shall be a licensed Nursing Home Administrator, for identification of strengths and weaknesses. A working plan of progress, following the Guidelines shall be developed and used for training of the A.I.T. candidate. Monthly progress reports shall be generated, along with a summary by the Preceptor as to the functioning of the A.I.T. candidates in relation to the Guidelines. These reports will be accumulated and sent to the Licensing Board, as directed, on a bi-monthly basis. Three bi-monthly reports will be made to the Board of Licensing, and at the end of the six month period, the A.I.T candidate will be scheduled for the next available licensing exam.

Upon successful completion of the A.I.T. program and the passing of the federal and state licensing examinations for Nursing Home Administrators, it is _____ intent to assign the newly licensed administrator to one of the _____ facilities.

ROLE OF THE PRECEPTOR

The preceptor is a teacher who helps develop a new professional in the field of long term care administration. The preceptor serves as a role model for the student, AIT. The preceptor teaches, assists, and advises the AIT along with providing an opportunity for the administrator's own professional and personal growth.

GUIDELINES:

The preceptor/administrator shall have current valid nursing home administrator's license in the state of Maine.

The preceptor/administrator shall be currently employed as an administrator in a nursing home in the state of Maine, and shall have been actively employed for at least five (5) years.

The preceptor shall have completed a Board approved preceptor training program.

The preceptor shall be responsible for the implementation in the facility of a program which will meet the learning needs of the AIT.

The preceptor shall assure that the AIT understands the state AIT program as required by licensing board, shall develop the plan for the AIT experience with AIT input, and shall identify individual responsibilities within the program.

The preceptor shall provide the AIT with an initial orientation to the facility, its philosophy, its staff and basic operation.

The preceptor shall inform the facility's staff about the training program for the AIT, established the purpose of the clinical experience, and solicit the staff's cooperation in providing information and encouragement to the AIT.

The preceptor shall meet with the AIT on a regular basis to evaluate performance, to identify areas of competency and/or weakness, to identify problem areas, and to modify the plan as needed.

ADMINISTRATOR-IN-TRAINING PROGRAM

DEPARTMENT & FACILITY ROTATION SCHEDULE

During the training rotations, the Administrator/preceptor and the AIT will schedule rotations in all departments of facility operations. Refer to attached training schedule for specific facility/department rotations.

The training rotations will begin with a general orientation to the facility/company and introduction to staff, residents and affiliated professionals by the Administrator. A review of the company philosophy, mission statement, and organizational chart will be incorporated into the program. Resident care policies, personnel policies, and the quality assurance program and safety program will be reviewed with the AIT at the commencement of the training program.

Department Heads will conduct more thorough orientations to their specific departments at the scheduled time of each department's rotation. At the conclusion of each rotation, the AIT will be responsible for summarizing her learning experience in the department. The summary should describe the learning experience and should highlight strengths and areas for improvement identified during the tour through each training rotation. These will become the basis to consider for additional learning tasks during the management rotation.

The goal of the department rotations is to review each department's systems and gain an understanding of how all departments' roles inter-relate to accomplish the effective functioning of the facility as a whole and achieve desired outcomes.

In addition, the Department Head and staff will provide feedback to the AIT by using the department evaluation tool at the conclusion of the department rotation. Both documents will be signed by the AIT and Department Head and submitted to the preceptor. These will be used in discussions and continued program planning with the AIT.

EVALUATION OF ADMINISTRATOR-IN-TRAINING PROGRAM

PRECEPTORS AND THE COURSE

Beyond the day-to-day informal evaluation process, there shall be two instruments utilized in the formal evaluation of the AIT performance. The **PRECEPTOR'S EVALUATION FORM** and a form for **DEPARTMENT MANAGER'S EVALUATION**.

At the conclusion of the course, the AIT will evaluate his/her Preceptor and the overall AIT program.

AIT REFERENCE AND RESOURCE GUIDE

NAB Study Guide: How to Prepare for the Nursing Home Administrator's Examination
- Fourth Edition

NAB Administrator-in Training Domains of Practice Internship Manual

The Principles of Health Care Administration

Practice to Pass