



Paul R. LePage  
Governor

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

Anne L. Head  
Director

**REQUEST FOR CONTINUING EDUCATION POST-APPROVAL**

Attendees who wish to apply for post-approval must submit a copy of this form along with a copy of their certificate of completion and a program brochure that includes information regarding program topics and presenters. Program Sponsors must submit a copy of this form along with the required information outlined in Chapter 8, Section 1 of the Board's Rules. A separate form should be submitted with each request. **All requests must be received by the Board within thirty (30) days of program completion.**

**Part I: This part must be completed by the program attendee or program sponsor**

PROGRAM APPROVAL IS REQUESTED BY:  PROGRAM SPONSOR  ATTENDEE

NAME OF ATTENDEE OR PROGRAM SPONSOR REQUESTING APPROVAL: \_\_\_\_\_

LICENSE NUMBER (IF APPLICABLE): \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS, INCLUDING ZIP CODE: \_\_\_\_\_

PROGRAM TITLE: \_\_\_\_\_

PROGRAM SPONSOR: \_\_\_\_\_

(Please note, licensees need not request post-approval if the program is approved by The National Association of Long-Term Care Administrator Boards (NAB) or sponsored by a deemed status provider (current list available on the Board's website).

PROGRAM LOCATION: \_\_\_\_\_ PROGRAM DATE: \_\_\_\_\_

REQUESTED NUMBER OF CONTINUING EDUCATION UNITS: \_\_\_\_\_

**Part II: This part will be completed by the Nursing Home Administrators Licensing Board's Continuing Education Committee.**

Your request has been reviewed by the Continuing Education Committee and has been approved/denied for the following reason(s):

\_\_\_\_\_ APPROVED AS SUBMITTED FOR \_\_\_\_\_ CEUs

\_\_\_\_\_ ADDITIONAL INFORMATION IS REQUIRED (SEE REMARKS)

\_\_\_\_\_ DENIED AS SUBMITTED FOR \_\_\_\_\_ CEUs

\_\_\_\_\_ NUMBER OF CEUs APPROVED \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EDUCATION COMMITTEE MEMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

**ATTENDEES:** A copy of your approval letter should be attached to your certificate of completion as proof of approval when you submit your continuing education documentation upon written notice of random audit.

**PROGRAM SPONSORS:** Program attendees must be issued a certificate of attendance, which includes the name of the program sponsor, program title, number of continuing education units (CEUs), name of attendee, program location and program date.

Revised: 1/2011



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