

STATE OF MAINE
NURSING HOME ADMINISTRATORS
LICENSING BOARD

**APPLICATION FOR LICENSURE AND
EXAMINATION**

- Nursing Home Administrator
- Multi-Level Long Term 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) 624-8626
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
- Accommodation Request Form
- Documentation of Disability Related Needs

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> or call (207) 624-8626

- 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> or call (207) 624-8626

- 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 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. You may also check the Board's website. 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://www.maine.gov/pfr/professionallicensing/license_search.htm. We appreciate your thoughtful attention to this request.
- This is an annual license, renewable on June 30th of each year. Renewal reminders are sent to each licensee's last known address. All name and/or address changes must be reported to the Board, **in writing**, throughout your licensure pursuant to Title 10, §8003-G(2).

NURSING HOME ADMINISTRATOR

To be eligible for licensure, all applicants must have passed both the state and national examinations and must submit the following documentation:

- Completed and signed Application;
- Payment of an Application Fee of \$75.00;
- Payment of an Examination Fee of \$75.00;
- Payment of a Licensure Fee of \$200.00;
- 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 as stated in Board rules Chapter 2, § 1(B);
- 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; and
- Documentation that the applicant has completed a Board–approved AIT Program or be eligible for endorsement as specified in Chapter 6 of the Board Rules.

MULTI-LEVEL LONG TERM CARE FACILITY ADMINISTRATOR

All applicants applying for licensure as a Multi-Level Long Term Care Facility Administrator shall be required to meet the qualifications pertaining to both Nursing Home Administrators and to Residential Care Facility Administrators.

Applicants applying for licensure must submit the requirements pertaining to licensure as a Nursing Home Administrator and in addition, submit documentation that the applicant has demonstrated knowledge of residential care/assisted living by completing one of the requirements stated in Chapter 4, § 1 of the Board Rules.

All applicants applying for licensure as a Multi-Level Long Term Care Facility Administrator must have passed both the state and national examinations.

ENDORSEMENT

The Board may endorse, without written national examination, a valid, permanent license issued by the proper authorities of any other state to a Nursing Home Administrator or Multi-Level Long Term Care Facility Administrator, upon payment of the established fee, provided that the applicant has met the requirements as stated in Chapter 6, §1 of the Board Rules.

All applicants applying for licensure by endorsement must submit the following:

- Completed and signed Application;
- Payment of an Application Fee of \$75.00;
- Payment of an Examination Fee of \$75.00;
- Payment of a Licensure Fee of \$200.00;
- Payment of a Criminal History Records Check Fee of \$21.00;

Note: All fees can be in one payment.

- Documentation that the applicant has met the requirement for licensure as stated in Chapter 6 § 1 of Board Rules;
- Written verification of satisfactory completion of the NAB national examination;
- 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; and
- Completed Official Verification of Licensure from each state in which applicant holds or has held any certification, licensure, or other credential.

Applicants applying for licensure by endorsement must pass the state examination.

If an applicant is deemed to have met all requirements, they will be eligible to sit for the state examination.

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 Hearing Impaired: (888) 577-6690 Web: 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?** 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 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 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 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	

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 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.

SIGNATURE	DATE
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Nursing Home Administrators Licensing Board	
<p>Please Select Type:</p> <p><input type="checkbox"/> Multi-Level Long Term Care Administrator (MLA1421) Required Fee: \$371 (includes Criminal History Check Fee & Examination fee)</p> <p><input type="checkbox"/> Nursing Home Administrator (AD1421) Required Fee: \$371 (includes Criminal History Check Fee & Examination fee)</p> <p>Please Check Here for State Examination:</p> <p><input type="checkbox"/> Examination (1447)</p>	<p style="text-align: center;">Office Use Only:</p> <p>1421 - \$200.00 1447 - \$75.00 1446 - \$75.00 2619 - \$21.00</p> <p style="text-align: center;"><small>Office Use Only:</small></p> <p>Check # _____ Amount: _____ Cash # _____ Lic. # _____</p>
Rev. 2/2012	

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)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Dept. of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
SIGNATURE	DATE		

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:

Facility Information

Name of Facility:

Phone Number:

Mailing Address:

City:

State:

Zip Code:

Credentialing History

Have you ever held a professional license/certification/registration in this or any other state/country? YES NO

If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

Have you ever taken a long term care examination? YES NO

If yes:

Exam Title:	Location:
Date Taken:	Select One: <input type="checkbox"/> Pass <input type="checkbox"/> Fail

Have you completed a structured AIT Program? YES NO

If yes:

State:	
Dates:	Number of Hours:

Disciplinary Information

Have you ever been excluded from participation in Medicare/Medicaid reimbursement? YES NO

If yes, please enclose a detailed explanation.

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.

SIGNATURE: _____ 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

VERIFICATION OF LICENSURE FORM
Page 1 of 2

The applicant listed below is applying for licensure in the State of Maine. The Maine Nursing Home Administrators Licensing Board requests written verification from each state that the applicant holds or has held any certification, licensure, or credential. This is your authority to release any information in your files, favorable or otherwise.

The section below is to be completed by the applicant and forwarded with page 2 to the licensing or certifying authority. Any associated fees are the responsibility of the applicant. If verification of licensure is needed for more than one (1) state, please copy form as needed.

Name:		
Mailing Address:		
City:	State:	Zip Code:
License Number:	State:	Date of Issue:
Signature of Applicant:		Date:

The remaining portion is to be completed by the licensing or certifying authority where the applicant holds or has held a license, certification or credential. Upon completion, the licensing or certifying authority should mail the verification directly to the Board at the above address.

Name of Licensee:	Type of License:
License Number:	Status of License: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Expired
Date Issued:	Expiration Date:



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**Maine Nursing Home Administrators Licensing Board
Verification of Licensure (Page 2 of 2)**

Exam taken: _____ State: _____

Date of Exam: _____ Raw Score: _____ Scaled Score: _____

If no examination was taken, how was licensure obtained?

- Grandfathered Endorsement/Comity from which state: _____
- Certification through the American College of Health Care Administrators
- Other _____

Was an AIT/Practicum successfully completed? [] Yes [] No
If yes, length of AIT/Practicum: _____

Are there any pending complaints against this licensee? [] Yes [] No
If yes, please explain: _____

Have there been any other actions taken against this licensee? [] Yes [] No
If yes, please explain: _____

Is the licensee considered to be in good standing in your state? [] Yes [] No
If no, please explain: _____

State Board Seal

Signature: _____

Printed Name: _____

Title: _____

State: _____ Phone Number _____

Date: _____



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Nursing Home Administrators Licensing Board
 35 STATE HOUSE STATION
 AUGUSTA, MAINE
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ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Name: _____
 Address: _____
 Telephone #: _____ Social Security Number: _____

Accommodations Requested for the _____ Examination.
 Disability _____

Please check all that apply

- Accessible Testing Site**
- Separate Testing Site**
- Braille**
- Large Print**
- Tape**
- Reader as Accommodation for Visual Impairment**
- Scribe/Amanuensis as Accommodation for Visual or Motor Impairment**
- Reader as Accommodation for Learning Disability**
- Scribe/Amanuensis as Accommodation for Learning**
- Sign Language Interpreter**
- Extended Time**
 - Time-and-a-half**
 - Double time**
 - More than double time (specify) _____**
- Use of Computer or Other Adaptive Equipment (specify) _____**
- Other: _____**

Signed and Dated: _____



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DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.

I have known _____ since _____ in my capacity as a
 (Test applicant) (Date)

 (Professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (check all types)

- Taped test**
- Large print test**
- Reader**
- Scribe/amanuensis**
- Extended time**
 - Time-and-a-half**
 - Double time**
 - More that double time (please justify) _____**
- Separate Testing Area**
- Use of Computer or Other Adaptive Equipment (please specify) _____**
- Other (please specify) _____**

Signed: _____ **Title:** _____

Date: _____ **License # (if applicable):** _____



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