

STATE OF MAINE
NURSING HOME ADMINISTRATORS
LICENSING BOARD

APPLICATION FOR LICENSURE

- Residential Care Facility Administrator



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: 122 Northern Avenue, Gardiner, Maine 04345

Application Guide for Licensure as a Residential Care Facility Administrator

Please read all the information carefully. If you have any questions, you can contact the Nursing Home Administrators Licensing Board office at (207) 624-8626.

Furnished to Applicant:

1. Application Guide for Licensure as a Residential Care Facility Administrator
2. Application for Licensure
3. Verification of Licensure Form
4. Authorization of Credit Card Payment Form
5. NPDB/HIPDB Self-Query Report Information Sheet

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 material pertaining to an application must be received by the Board within a span of no more than six months. Applications which remain incomplete for more than six months will be disposed of. Candidates whose applications have been incomplete for more than six months will be required to submit **new** application materials if they seek licensure.
- All name and/or address changes must be submitted to the Board, **in writing**, either by mail or fax throughout your licensure.

ELIGIBILITY FOR LICENSURE:

All applicants applying for a license as a **Residential Care Facility Administrator** must submit the following:

- Completed and signed application for licensure;
- Fees:** All Checks/Money Orders should be made payable to the "Treasurer, State of Maine". If paying using a credit card please use the Credit Card form at the end of the application. All Fees can be in one payment;
 - **\$75.00** Application Fee
 - **\$200.00** License Fee
 - **\$15.00** Criminal History Records Check Fee
- Written documentation that the applicant meets the requirements for a Residential Care Facility Administrator as outlined in Chapter 3, § 1(B) of the Board Rules;
- Two (2) written character reference letters indicating that the applicant is of good record and reputation for honest and reliable conduct in personal and business affairs;
- NPDB/HIPDB self-query reports; and
- If applying by endorsement, Verification of Licensure from each state in which applicant holds or has held any certification, licensure, or other credential.

If you are applying for licensure by endorsement, you must meet the requirements of Chapter 6 of the Board Rules.



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

Office Use Only	
License #	_____
Cash #	_____
Check #	_____
RCA1421	\$290

JOHN ELIAS BALDACCI
 GOVERNOR

ANNE L. HEAD
 DIRECTOR

APPLICATION FOR LICENSURE

Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (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 section 191.

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

PLEASE TYPE OR PRINT THIS APPLICATION

Residential Care Facility Administrator

Name: _____

Any other names used: _____

Social Security Number: _____ Date of Birth: _____

Mailing Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: (_____) _____

Facility: _____

Mailing Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Work Telephone: (_____) _____



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PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Do you currently hold or have you previously held a license or registration in any jurisdiction?
 Yes No If yes, please complete the following:

State: _____

License #: _____

Date issued: _____

Expiration date: _____

2. Has your application for licensure been denied by any agency?
 Yes No If yes, please attach an explanation.
3. Has your license ever been suspended, revoked or subject to any disciplinary action by any state or jurisdiction? Yes No If yes, please attach an explanation
4. Have you pled guilty to, pled no contest to, or been found guilty of any crime? Yes No
If yes, please attach a copy of the court document record for each crime and a statement of the circumstances surrounding that crime.
5. Have you ever been excluded from participation in Medicare/Medicaid reimbursement?
 Yes No If yes, please attach an explanation.

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE ACCURATE AND REPRESENT A TRUE STATEMENT OF FACT. BY THE FACT OF THIS APPLICATION, I WAIVE OBJECTION AND AUTHORIZE THE BOARD TO MAKE SUCH INQUIRIES, AND HAVE ACCESS TO SUCH INFORMATION AS THE BOARD MAY CONSIDER NECESSARY TO DETERMINE GOOD CHARACTER AND SUITABILITY.

Signature of Applicant

Date



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VERIFICATION OF LICENSURE

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 the applicant holds or has held any certification, licensure, or other credential. This is your authority to release any information in your files, favorable or otherwise. **Please mail this verification directly to the Maine Nursing Home Administrators Licensing Board at the above listed address.**

The section below is to be completed by the applicant and forwarded to the State Board in which you hold or have held certification, licensure, or other credential. Any associated fees are the responsibility of the applicant. If Verification of Licensure is needed for more than one state, please copy form as needed.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

License Number: _____ State: _____ Date of Issue: _____

 Signature of Applicant Date

This section to be completed by the State Licensing Board where the applicant holds or has held any certification, licensure, or other credential.

Name: _____ Date of Birth: _____

Address: _____ Social Security #: _____

Home Telephone: () _____ Work Telephone: () _____

Education (mark the highest level) High School College
 Graduate Post Graduate

Type of License held: _____ License number: _____

State: _____ Date Issued: _____ Expiration Date: _____

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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 _____



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Office Use Only	
License #	_____
Cash #	_____
Check #	_____
RCA1421	\$290

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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:	Telephone #: (____) _____ - _____	

Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa MasterCard _____ **Card number**

Expiration date: ____/____/____ **in the amount of: \$** _____

Signature: _____ **Date:** ____/____/____



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GOVERNOR

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National Practitioner Data Bank (“NPDB”) and Healthcare Integrity and Protection Data Bank (“HIPDB”) Self-Query Reports

Pursuant to 10 M.R.S.A. §8003, sub-§10*, the Office of Licensing and Registration will require all applicants to submit a NPDB/HIPDB Self-Query Report as part of the initial application for licensure within each of the following allied health licensure programs effective **November 1, 2007**. Applications received without the NPDB/HIPDB self-query report will be considered incomplete which will further delay the application process.

* **“National disciplinary record system.** Within the limits of available revenues, all bureaus, offices, boards or commissions internal or affiliated with the department shall join or subscribe to the national disciplinary record system used to track interstate movement of regulated professionals who have been the subject of discipline by state boards, commissions or agencies and report disciplinary actions taken within this State to that system.”

Alcohol and Drug Counselors

License Alcohol and Drug Counselors
Certified Alcohol and Drug Counselor
Certified Clinical Supervisor
Alcohol and Drug Counselor Aide

Athletic Trainers

Athletic Trainers

Chiropractic Licensure

Chiropractor, Chiropractic Assistant
Chiropractic Acupuncture

Complementary Health Care

Acupuncturist, Naturopathic Doctor,
Naturopathic Acupuncture, Chinese Herbal
Formulation Certification

Counseling Professionals

LP, PC, LMFT, LCPC, RC
Including Conditional

Dietetic Practice

DI, DT / Including Temporary

Hearing Aid Dealers and Fitters

Hearing Aid Dealer and Fitter / Trainees

Massage Therapists

Massage Therapist

Nursing Home Administrators

AD, MLA, RC

Occupational Therapy

OT, OTA / Including Temporary

Physical Therapy

Physical Therapists
Physical Therapists Assistants

Pharmacy

Pharmacist
Pharmacist Technician
Pharmacies
Mail Order Pharmacies
Mail Order Contact Lens Suppliers
Wholesale Distributor
Manufacturer

Podiatric Medicine

Podiatrist, Resident Podiatrist

Psychologists

Psychologist, Psychologist Examiners
Including Conditional and Temporary

Radiologic Technologists

Radiologic Technologists – 3 authorities
Limited Radiographers / Special Permit
Including Temporary

Respiratory Care

Respiratory Therapist
Respiratory Technician
Associate

Social Worker Licensure

LS, LX, LM, LC, MC

SLP and Audiologists

SLP, Audiologist

The instructions to request a self-query report are available at NPDB/HIPDB’s website: www.npdb-hipdb.hrsa.gov. The website includes a Fact Sheet on self-querying, as well as FAQs to assist you in requesting a report. Customer Service Contact information is provided below:

NPDB-HIPDB Customer Service Center
Tel: (800)767-6732
TDD: (703)802-9395