

**STATE OF MAINE**  
**NURSING HOME ADMINISTRATORS**  
**LICENSING BOARD**

**APPLICATION FOR LICENSURE**

- Residential 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](http://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 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](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 30<sup>th</sup> 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).

### **Residential Care Facility Administrator**

All applicants must submit the following:

- Completed and signed Application;
- Payment of an Application 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.**

- 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; and
- Official Verification of Licensure from each state in which applicant holds or has held any certification, licensure, or other credential (if applicable).

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 & 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](http://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](http://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.



### 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

### 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**  
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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: \_\_\_\_\_

