

STATE OF MAINE  
NURSING HOME ADMINISTRATORS  
LICENSING BOARD

APPLICATION FOR  
EXAMINATION AND LICENSURE

- 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 USERS CALL MAINE RELAY 711  
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

- Applicant Information Guide
- Individual License Application
- Verification of Licensure Form
- Educational Worksheet
- Request for Examination (RC/AL level only)
- Accommodation Request Form (State Written Exam)
- Disability Related Needs Form (State Written Exam)

### 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. Faxed submissions will not be accepted. Applications are reviewed and processed in the order received. Typical review and processing time of applications is up to two (2) to three (3) weeks. Incomplete applications, underlying circumstances surrounding applications and periods of high volume could result in further delays.
- 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://pfr.informe.org/almsonline/almquery/welcome.aspx>. We appreciate your thoughtful attention to this request.

## **IMPORTANT INFORMATION FOR LICENSEES:**

### ➤ **Renewal**

This is an annual license, renewable by June 30<sup>th</sup> each year. You may renew online at your convenience 24 hours a day, 7 days a week up to 60 days in advance of your license expiration date. Renewal reminders are currently sent to the e-mail address on file. Late renewals (up to 90 days after license expiration) incur a late renewal fee of \$50.00. Those wishing to obtain licensure after the late renewal period must meet the requirements for licensure current at the time of the application. Applicants whose license expired within the 91 day to 2 year window should contact the Office to request a reinstatement application.

### ➤ **10 Day Reporting**

Please be advised, pursuant to 10 MRS §8003-G, licensees are to report to the Office, in writing, any change in my name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held, or any material change set forth in this application within ten (10) days: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

### ➤ **GovDelivery**

The Nursing Home Administrators Licensing Board has teamed up with GovDelivery to manage our digital communications. As its name implies, GovDelivery works exclusively with federal, state and municipal government agencies to communicate with licensees and the public.

As a subscriber, you will automatically receive notices from the Board based on the subscriber preferences that you select. Available topics include Board Meetings (agendas and minutes), Board Laws and Rules Notices (rulemaking and law changes) and Board Notices (news and information).

To become a subscriber, go to the Board's website and insert your e-mail address in the space provided on the left side of the page. You may unsubscribe at any time.

## Nursing Home Administrator

### Pathway 1 (Standard)

Standard applicants must submit the documentation and fees as outlined in the checklist below. Please note that current Administrators-in-Training will be sent the appropriate forms and instructions to change their status upon completion of their program.

- 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.**

- Current Resume;
- Official score report indicating a passing score on the NHA examination administered by the National Association of Long Term Care Administrator Boards (NAB) issued to the Board directly from NAB;
- Documentation demonstrating completion of a Maine Board approved AIT Program (1040 hours); and
- Official Transcript indicating earned/conferred degree sent directly by mail or courier to this office by the educational institution documenting one (1) of the following:
  1. Baccalaureate or higher degree from an accredited college or university in Administration, Health Care Administration, Long-Term Care Administration; or
  2. Baccalaureate degree from an accredited college or university in a health related field, such as nursing, social work, psychology; or
  3. Baccalaureate or higher degree from an accredited college or university in any field, plus proof of one (1) of the following:
    - A Certificate of Advanced Study in Long Term Care Administration from an accredited college, or
    - Twelve (12) semester hour credits from an accredited college with not fewer than six (6) in management and the balance in health care or long-term care (applicant must also submit the Educational Worksheet).

## Nursing Home Administrator

### Pathway 2 (Other Jurisdiction)

Applicants licensed in another jurisdiction must submit the documentation and fees as outlined in the checklist below. Please note that if you are seeking reciprocity, you must apply for the license type currently held in the sending state. For example, if you hold a *nursing home administrator* license in another state, you should apply for the *nursing home administrator* license in Maine.

- 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.**

- Current Resume;
- Official score report indicating a passing score on the NHA examination administered by the National Association of Long Term Care Administrator Boards (NAB) issued to the Board directly from NAB;
- Official Verification(s) of Licensure sent by mail or Courier directly to this Office from the issuing agency;
- Copy of the laws and rules from the sending state sent by mail or courier; and
  - ACHCA Certification at the Certified Nursing Home Administrator Level;

**OR** the following:

- Documentation demonstrating completion of an AIT Program (1040 hours); and
- Official Transcript indicating earned/conferred degree sent directly by mail or courier to this office by the educational institution documenting one (1) of the following:
  1. Baccalaureate or higher degree from an accredited college or university in Administration, Health Care Administration, Long-Term Care Administration; or
  2. Baccalaureate degree from an accredited college or university in a health related field, such as nursing, social work, psychology; or
  3. Baccalaureate or higher degree from an accredited college or university in any field, plus proof of one (1) of the following:
    - A Certificate of Advanced Study in Long Term Care Administration from an accredited college, or
    - Twelve (12) semester hour credits from an accredited college with not fewer than six (6) in management and the balance in health care or long-term care (applicant must also submit the Educational Worksheet).

## Multi-Level Long Term Care Administrator

### Pathway 1 (Standard)

Standard applicants must submit the documentation and fees as outlined in the checklist below. Please note that current Administrators-in-Training will be sent the appropriate forms and instructions to change their status upon completion of their program.

- 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.**

- Current Resume;
- Official score report demonstrating passage of the NHA examination administered by the National Association of Long Term Care Administrator Boards (NAB) issued directly to the Board by NAB;
- Documentation demonstrating completion of a Maine Board approved AIT Program (1040 hours);
- Official Transcript indicating earned/conferred degree sent directly by mail or courier to this office by the educational institution documenting one (1) of the following:
  1. Baccalaureate or higher degree from an accredited college or university in Administration, Health Care Administration, Long-Term Care Administration; or
  2. Baccalaureate degree from an accredited college or university in a health related field, such as nursing, social work, psychology; or
  3. Baccalaureate or higher degree from an accredited college or university in any field, plus proof of one (1) of the following:
    - A Certificate of Advanced Study in LTC Administration from an accredited college, or
    - Twelve (12) semester hour credits from an accredited college with not fewer than six (6) in management and the balance in health care or long-term care (applicant must also submit the Educational Worksheet); and
- Documentation demonstrating knowledge of residential care/assisted living by **one** (1) of the following means:
  1. Possess a high school diploma and have completed **one** of the following options:
    - A Board-approved program in residential care/assisted living (copy of certificate mailed to the Board accepted). Please note: nothing has been approved since June, 2010; **or**
    - A Certificate of Advanced Study in LTC Administration from an accredited college, including at least three (3) semester hours in AL or Res Care (official transcript sent by mail or courier directly from the educational institution accepted); **or**
    - Twelve (12) semester hours from an accredited college with not fewer than six (6) in management and the balance in health care or human services (the applicant must mail a fully completed Educational Worksheet and have an official transcript sent by mail or courier directly from the educational institution);
  2. Be certified by the ACHCA as a Certified Assisted Living Administrator (copy of certificate mailed to the Board accepted);
  3. Official score report demonstrating passage of the NAB Residential Care/Assisted Living Examination issued directly to this Office by NAB **or** a Request for Examination Form.

## Multi-Level Long Term Care Administrator

### Pathway 2 (Other Jurisdiction)

Applicants licensed in another jurisdiction must submit the documentation and fees as outlined in the checklist below. Please note that if you are seeking reciprocity, you must apply for the license type currently held in the sending state. For example, if you hold a *nursing home administrator* license in another state, you should apply for the *nursing home administrator* license in Maine.

- 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.**

- Current Resume;
- Official score report indicating a passing score on the NHA examination administered by the National Association of Long Term Care Administrator Boards (NAB) issued to the Board directly from NAB;
- Official Verification(s) of Licensure sent by mail or courier to this Office from the issuing agency;
- Copy of the laws and rules from the sending state sent by mail or courier; and
  - ACHCA Certification at the Certified Nursing Home Administrator Level and ACHCA Certification at the Certified Assisted Living Administrator Level; **OR** the following:
    - Documentation demonstrating completion of an AIT Program (1040 hours);
    - Official Transcript indicating earned/conferred degree sent directly by mail or courier to this office by the educational institution documenting one (1) of the following:
      1. Baccalaureate or higher degree from an accredited college or university in Administration, Health Care Administration, Long-Term Care Administration; or
      2. Baccalaureate degree from an accredited college or university in a health related field, such as nursing, social work, psychology; or
      3. Baccalaureate or higher degree from an accredited college or university in any field, plus proof of one (1) of the following:
        - A Certificate of Advanced Study in LTC Administration from an accredited college, or
        - Twelve (12) semester hour credits from an accredited college with not fewer than six (6) in management and the balance in health care or long-term care (applicant must also submit the Educational Worksheet); and
  - Documentation demonstrating knowledge of residential care/assisted living by **one** (1) of the following means:
    1. Possess a high school diploma and have completed **one** of the following options:
      - A Board-approved program in residential care/assisted living (copy of certificate mailed to the Board accepted). Please note: no programs approved since June, 2010; **or**
      - A Certificate of Advanced Study in LTC Administration from an accredited college, including at least three (3) semester hours in AL or Res Care (official transcript sent by mail or courier directly from the educational institution accepted); **or**
      - Twelve (12) semester hours from an accredited college with not fewer than six (6) in management and the balance in health care or human services (the applicant must mail a fully completed Educational Worksheet and have an official transcript sent by mail or courier directly from the educational institution);
    2. Be certified by the ACHCA as a Certified Assisted Living Administrator (copy of certificate mailed to the Board accepted);
    3. Official score report demonstrating passage of the NAB Residential Care/Assisted Living Examination issued directly to this Office by NAB **or** a Request for Examination Form.

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 TTY users call Maine Relay 711 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: <http://pfr.informe.org/almsonline/almquery/welcome.aspx>.
- **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**

<b>APPLICANT INFORMATION</b> (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.

<b>SIGNATURE</b>	<b>DATE</b>
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<b>Nursing Home Administrators Licensing Board</b>		<b>Office Use Only:</b>
<p><b>Please Select Type:</b></p> <p><input type="checkbox"/> Multi-Level Long Term Care Administrator (MLA1421) Required Fee: \$371 (includes Criminal History Check Fee &amp; Examination fee)</p> <p><input type="checkbox"/> Nursing Home Administrator (AD1421) Required Fee: \$371 (includes Criminal History Check Fee &amp; Examination fee)</p> <p><b>Please Check Here for State Examination:</b></p> <p><input type="checkbox"/> Examination (1447)</p>		<p>1421 - \$200.00 1447 - \$75.00 1446 - \$75.00 2619 - \$21.00</p>
		<i>Office Use Only:</i>
		Check # _____
		Amount: _____
		Cash # _____
		Lic. # _____
Rev. 11/2014		

<b>PAYMENT OPTIONS:</b>			
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: \$ _____			
<input type="checkbox"/> I understand that fees are non-refundable			
Card number: <i>XXXX-XXXX-XXXX-XXXX</i>		Expiration Date <i>mm / yyyy</i>	
<b>SIGNATURE</b>	<b>DATE</b>		

Applicant's Name: \_\_\_\_\_

### High School Education

High School Diploma

School Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Equivalent (such as GED)

Please specify: \_\_\_\_\_ Date: \_\_\_\_\_

### Higher 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: \_\_\_\_\_

### Previous and/or Intended Long Term Care Employment (if any)

Workplace Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

Dates: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Workplace Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

Dates: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

### Disciplinary Information

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

If yes, please enclose a detailed explanation.

### Credentialing History

Do you hold or 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:

### 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.

I also understand, pursuant to 10 MRS §8003-G, I am to report to the Office, in writing, any change in my name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license I hold, or any material change set forth in this application within ten (10) days.

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:

**Directions to State Board:**

Complete the remaining portion of page 1 and page 2 of this form and return both pages directly to the Board by mail or courier:

**U.S.P.S. Mailing Address:** Nursing Home Administrators Licensing Board, 35 State House Station, Augusta, Maine 04333

-or-

**Courier/Delivery Address:** Nursing Home Administrators Licensing Board, 76 Northern Avenue, Gardiner, Maine 04345

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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Applicant's Name: \_\_\_\_\_

**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:      [ ] Not applicable

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: \_\_\_\_\_



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

**Educational Worksheet**

**Applicant's Name:** \_\_\_\_\_ **Applicant's School(s):** \_\_\_\_\_

**INSTRUCTIONS:** Please complete this worksheet by reporting a minimum of twelve (12) semester hours (or its quarter hour equivalent) of undergraduate or graduate coursework from an accredited educational institution in the chart below. Six (6) hours should be coursework related to health care/human services. The remaining six (6) hours should be related to management. In order to expedite the review of your application, you are also encouraged to submit descriptive information, such as a course description or syllabus current at the time the course was taken, substantiating the content of each of the courses listed on the worksheet. You may attach additional worksheets if necessary. *Please note that experience in the field and/or continuing education activities, such as workshops or in-service training sessions, cannot be substituted for this educational requirement.*

Course Title	Course Number	Credit Hours	Type	Description or Syllabus attached?
			[ ] Health care [ ] Management	[ ] YES [ ] NO
			[ ] Health care [ ] Management	[ ] YES [ ] NO
			[ ] Health care [ ] Management	[ ] YES [ ] NO
			[ ] Health care [ ] Management	[ ] YES [ ] NO
			[ ] Health care [ ] Management	[ ] YES [ ] NO
			[ ] Health care [ ] Management	[ ] YES [ ] NO
			[ ] Health care [ ] Management	[ ] YES [ ] NO



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OFFICE PHONE: (207)624-8626

TTY USERS CALL MAINE RELAY 711  
OFFICES LOCATED AT: 76 NORTHERN AVENUE,  
GARDINER, MAINE

FAX: (207)624-8637



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 EXAMINATION

One of the pathways to licensure as a residential care administrator is successful passage of the RC/AL Examination administered by the National Association of Long Term Care Administrator Boards (NAB). Should you choose to obtain licensure using the examination pathway, this form must be submitted by mail or courier to the Office with your application and other items as outlined in the Applicant Information Guide.

Once your application is reviewed and approved, you will be eligible to sit for the examination.

Please note that you may obtain additional information regarding the examination, including testing dates, locations and fees, and/or register for the examination by contacting NAB directly: <http://www.nabweb.org>.

<b>Check Appropriate Category</b>
<input type="checkbox"/> RC/AL Examination

<b>Applicant Information (please print)</b>		
Name of Applicant:		
Mailing Address:		
City:	State:	Zip Code:
Telephone:	E-mail address:	



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TTY USERS CALL MAINE RELAY 711  
OFFICES LOCATED AT: 76 NORTHERN AVENUE,  
GARDINER, MAINE

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**STATE WRITTEN EXAM**  
**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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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

**STATE WRITTEN EXAM  
 DOCUMENTATION OF DISABILITY RELATED NEEDS FORM**

**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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