

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 USERS CALL MAINE RELAY 711
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

- Applicant Information Guide
- Individual License Application
- Verification of Licensure Form
- Educational Worksheet
- Request for Examination Form
- Request for Accommodations Form (also available in the NAB *RC/AL Information for Candidates Handbook*)

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.

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.

- Documentation of one (1) of the following:
 - Official Transcript sent directly by mail or courier to this office by the educational institution indicating six (6) semester hours in health care/human services and six (6) semester hours in management and a fully completed Educational Worksheet; **or**
 - A certificate indicating completion of board approved course in Res. Care/ Assisted Living (copy of certificate mailed to the Board accepted). Please note: nothing has been approved since June, 2010; **or**
 - A certificate indicating current certification as an Assisted Living Administrator (CALA) issued by the American College of Health Care Admin (copy of certificate mailed to the Board accepted); **or**
 - Official score report demonstrating passage of the NAB Residential Care/Assisted Living Examination issued directly from NAB **or** a Request for NAB Residential Care/Assisted Living Examination Form.

Note: If requesting accommodations, please complete and submit the Request for Accommodations form along with the required documentation as outlined in the *NAB RC/AL Information for Candidates Handbook*

Those licensed in other jurisdiction(s) must also provide:

- Official Verification(s) of Licensure issued by mail or courier directly to this Office from the issuing agency.

IMPORTANT INFORMATION FOR LICENSEES:

➤ **Renewal**

This is an annual license, renewable by June 30th 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.

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

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.

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: _____

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

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.

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 the form as necessary.

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 and return both pages 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:



PRINTED ON RECYCLED PAPER

**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) semester hours should be coursework related to health care/human services. The remaining six (6) semester 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



PRINTED ON RECYCLED PAPER

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

OFFICE PHONE: (207)624-8626

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 Assoc. 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. **This form is to be submitted only if you choose to obtain licensure via the examination pathway.**

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>.

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

Applicant Information (please print)		
Name of Applicant:		
Mailing Address:		
City:	State:	Zip Code:
Telephone:		Fax Number:



PRINTED ON RECYCLED PAPER

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

OFFICE PHONE: (207)624-8626

FAX: (207)624-8637

CANDIDATE REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, **please submit to Professional Examination Service and the Board/Agency in the State in which you are seeking licensure (if applicable) this completed form and attach the appropriate documentation as indicated in the Candidate Handbook** so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

Applicant Information

_____	_____	_____
Last Name	First Name	Middle Name

Address (line 1)		

Address (line 2)		
_____	_____	_____
City	State	Zip Code

Jurisdiction in which you have applied for licensure		

Special Accommodations

I request special accommodations for the administration of the:
Please check each examination that applies to you.

- Residential Care/Assisted Living Licensure & Entry-Level Competency Exam (RCAL)
- State-Based Laws & Regulations Exam (NSBL)

Please provide (check all that apply):

_____	Accessible testing site
_____	Special seating
_____	Large print test (specify point size) _____
_____	Reader
_____	Extended testing time (time and a half)
_____	Separate testing area
_____	Other special accommodations (please specify)

Send original documents to:

State Board/Agency in which you are making application for licensure

Send copies to:

Professional Examination Service
Attention: NAB Program Director
475 Riverside Drive, 6th Floor
New York, NY 10115-0089