

# STATE OF MAINE

## BOARD OF SOCIAL WORKER LICENSURE APPLICATION FOR LICENSED SOCIAL WORKER (LSW)



Department of Professional and Financial Regulation

Office of Licensing and Registration

35 State House Station

Augusta, ME 04333-0035

Office Telephone: (207) 624-8674  
TTY/HEARING IMPAIRED (888) 577-6690  
Email: [colleen.a.eugley@maine.gov](mailto:colleen.a.eugley@maine.gov)

Office located at: 122 Northern Avenue, Gardiner, Maine

Last Revised Date: 11/07

## **APPLICATION GUIDE FOR LICENSURE AS A SOCIAL WORKER**

Enclosed are all relevant materials for licensure as a Social Worker in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, you can contact the Board of Social Worker Licensure office at (207) 624-8674 or by e-mail at: [colleen.a.eugley@maine.gov](mailto:colleen.a.eugley@maine.gov)

### **FURNISHED TO APPLICANT:**

1. Application Guide for Licensure as a Social Worker
2. Application for Licensure
3. Verification of Consultation Form (Required when applying for the LSW license level or renewing LSW license within the first two-four years of licensure.)
4. Verification of Licensure (Only required if you are currently licensed in another state)
5. Change of Name and/or Address Form
6. HIPDB self-query report
7. Authorization of Credit Card Payment Form
8. Criminal History Records Check (SBI) Memo
9. Criminal History Record Check (SBI) Form
10. ASWB Social Work Licensing Examination Candidate Handbook can be downloaded from the ASWB website: <http://www.aswb.org/licensing/licexam.html> (Click the "Examination Candidate Handbook" link) or from our office by telephone at (207)624-8674.
11. Licensing law for Social Workers can be downloaded at <http://janus.state.me.us/legis/statutes/32/chapdoc/00830.doc> or call (207) 624-8674.
12. Licensing rules for Social Workers can be downloaded at <http://www.state.me.us/sos/cec/rcn/apa/02/chaps02.htm> or call (207) 624-8674.

### **CODE OF ETHICS:**

National Association of Social Workers (NASW) Code of Ethics may be obtained by contacting 1-800-638-8799 Extension 238 or available on the internet at: [www.naswdc.org](http://www.naswdc.org).

### **ADDRESS CHANGES:**

**All** name and/or address changes must be submitted to the Board, **in writing**, throughout your licensure. Please use the change of address form provided or you can submit by email at [colleen.a.eugley@maine.gov](mailto:colleen.a.eugley@maine.gov)

## **APPLICATION PROCEDURE:**

- Please submit your application with **all** required documentation. Incomplete applications will not be reviewed by the Board. A notification regarding the deficiency will be sent. Persons submitting a complete application will be sent notification of the date of the Board meeting at which their application will be considered for licensure.
- All material pertaining to an application must be received by the Board within a span of no more than six months. Candidates whose applications have been incomplete for more than six months will be required to submit **new** applications if they still wish to be considered for licensure.
- Information about the status of applications may be found at the following website [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

## **ELIGIBILITY REQUIREMENTS:**

Please read the Statutes (Laws) and Board Rules thoroughly in order to fully understand the level of licensure that you are applying for. These can be obtained as mentioned above.

### **Description**

"Licensed Social Worker" (LSW) is a person who has received a license as a Social Worker from the board. A LSW may: Conduct basic data gathering of records and specific life issues of individuals, groups, couples and families; assess the above data, formulate and implement a plan to achieve specific goals related to specific life issues; serve as an advocate for clients or groups of clients for the purpose of achieving specific goals relating to specific life issues; refer clients to other professional services; plan, manage, direct or coordinate social services; participate in the training and education of social work students; and supervise other LSWs, other professionals practicing related professions and paraprofessionals engaged in related activities. LSWs cannot engage in private/independent social work practice.

If applying for **LSW Licensure**, and you have a Bachelor of Social Work (BSW) or Social Welfare degree from a Council on Social Work Education (CSWE) accredited program, you must submit:

- A. A completed Application for Licensure;
- B. Official transcript of an earned Bachelor of Social Work (BSW) degree from a Council on Social Work Education (CSWE) accredited program;
- C. Official documentation of successful passage of the required examination (Basic/Bachelors);
- D. Three **current** (dated within the past year) letters of professional recommendation, two of which must be from licensed social workers (at any level of licensure from any state);
- E. Agreement to Provide Consultation - must be filed upon commencement of employment;
- F. NPDB/HIPDB self-query report

- G. Payment of a non-refundable \$25.00 application fee;
- H. Payment of LSW licensure fee of \$70.00; and
- G. [Criminal History Check fee of \\$15.00, all fees can be in one payment](#)

If applying for **LSW Licensure** and you are currently licensed as a LSW Conditional and you have completed 96 hours of consultation concurrent with 3200 hours of social work employment occurring in not less than two nor more than four years you must submit:

- A. A completed Application for Licensure;
- B. Verification of consultation form documenting completion of 96 hours of consultation concurrent with 3200 hours of social work employment occurring in not less than two nor more than four years;
- C. Official documentation of successful passage of the required examination (Basic) **and** official copy of transcript if not already on file with the board;
- D. Three current (dated within the past year) letters of professional recommendation, two of which must be from licensed social workers (at any level of licensure from any state);
- E. Agreement to Provide Consultation (If not currently employed – then notification of employment and Agreement must be filed upon commencement of employment);
- F. NPDB/HIPDB self-query report
- G. Payment of a non-refundable \$25.00 application fee;
- F. Payment of LSW licensure fee of \$70.00; and
- G. [Criminal History Check fee of \\$15.00, all fees can be in one payment](#)

#### **FOR APPLICANTS CURRENTLY LICENSED IN ANOTHER STATE**

If you are currently licensed in another state and are applying for licensure in Maine, you must submit the following in addition to the items listed above:

- A. A copy of the state or county licensure act under which the applicant is licensed;
- B. A copy of the applicant's social work license;
- C. NPDB/HIPDB self-query report
- D. A completed verification of licensure form.

## **EXAMINATION:**

- The Association of Social Work Boards (ASWB) provides a Social Work Licensing Examination Candidate Handbook. ASWB Social Work Licensing Examination Candidate Handbook can be downloaded from the ASWB website: <http://www.aswb.org/licensing/licexam.html> (Click the “Examination Candidate Handbook” link) or from our office by telephone at (207)624-8674. The Candidate Handbook provides you with all the information needed to register for the examination. **Please note:** You **do not** need permission from the State of Maine Board of Social Worker Licensure to take the examination. **Please read thoroughly.**
  
- To register for the examination by telephone, please contact **1-888-579-3926.**
  
- Study Guides can be ordered by contacting **1-800-225-6880.**
  
- ASWB Website: [www.aswb.org](http://www.aswb.org)



STATE OF MAINE  
 DEPARTMENT OF PROFESSIONAL  
 AND FINANCIAL REGULATION  
**Board of Social Worker Licensure**  
 35 STATE HOUSE STATION  
 AUGUSTA, MAINE  
 04333-0035  
 OFFICE PHONE (207) 624-8674  
 HEARING IMPAIRED (888) 577-6690

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.

**LICENSE TYPE:**

- |   |   |
|---|---|
| <input type="checkbox"/> Licensed Social Worker Conditional   | <input type="checkbox"/> Licensed Master Social Worker Conditional Clinical |
| <input type="checkbox"/> Licensed Social Worker (LSW)         | <input type="checkbox"/> Licensed Clinical Social Worker (LCSW)             |
| <input type="checkbox"/> Licensed Master Social Worker (LMSW) | <input type="checkbox"/> Licensure without Examination                      |

Please Read Application Guide Prior to Completing this Application.			
Name			
Mailing Address			
City	State		Zip Code
County	Home Telephone	Work Telephone	
Social Security #:	-	-	Date of Birth

**EDUCATION**

Please list the name of undergraduate institution, graduate school of social work, graduation date, major, clinical or non-clinical track (graduate only), and degree awarded.

NAME OF SCHOOL	DATE GRADUATED	MAJOR	DEGREE RECEIVED
Undergraduate Institution			
Graduate School of Social Work		Clinical/Non Clinical	

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Do you currently hold or have you previously held a State of Maine Social Worker License?  
 Yes       No      If yes, please complete the following:

License # \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration \_\_\_\_\_

2. Have you ever been licensed in another state or jurisdiction?       Yes       No  
If yes, please complete the following:

State \_\_\_\_\_ License # \_\_\_\_\_

Date Issued \_\_\_\_\_ Expiration \_\_\_\_\_

3. Have you ever taken a social work examination in any other state?       Yes       No  
If yes, please complete the following:

State \_\_\_\_\_ Date \_\_\_\_\_

Name of Examination Service \_\_\_\_\_ Examination Level \_\_\_\_\_

4. Has your application for examination or for licensure ever been denied by any state board governing the practice of social work?       Yes       No      If yes, please attach an explanation.

5. 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.

6. Have you ever been convicted of a crime other than a minor traffic violation?       Yes       No  
If yes, please describe in detail the date(s), crime(s), and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction.

**By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies, or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license issued by the Department. I further authorize all law enforcement agencies and officials thereto to release to the Department any and all criminal history record information pertaining to myself.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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**AGREEMENT TO PROVIDE CONSULTATION FOR LICENSURE**

This is to notify the Board of Social Worker Licensure that \_\_\_\_\_ has agreed to provide social work consultation.

The above named consultant is accountable for the professional development of the consultee. The consultant will assume responsibility for the assessment of the competence and ethics of the consultee during the consultation period. The consultant has an obligation to assess the consultee and to share this assessment with the Board. The above named consultant agrees to provide consultation as stated below and return the Verification of Consultation Form to the consultee when the required consultation is completed.

Please check the appropriate box below:

Licensed Social Worker Conditional / Licensed Social Worker

An Agreement to Provide Consultation (face to face case discussion and evaluation focusing on raw data, goals and objectives from the social worker's practice) must be provided to the board for all LSW Conditional and all LSW applicants. Consultation may be provided in a group (not to exceed 8 members) or individual setting.

A total of 96 hours must be provided for 3200 hours of social work employment in not less than two nor more than four years.

Non-DHS social workers must receive consultation from social workers who are a LCSW, CSW-IP, or LMSW. Only conditional social workers may receive consultation from a LSW who has been licensed at least two years and holds a BSW degree.

DHS social workers must receive consultation from social workers who are LSW licensed for at least 4 years, LMSW, or LSW licensed for 2 years **and** is designated by DHS as a supervisor trainee who is concurrently receiving 48 hours of consultation from an LMSW.

Licensed Master Social Worker Conditional Clinical

Four hours per month of consultation (face to face discussion and evaluation focusing on raw data, goals and objectives of specific social work practice) must be provided while practicing work in a **clinical setting**. At least three of the four hours per month must be individual consultation.

A total of 96 hours within 3200 hours of social work employment in not less than two nor more than four years is required for licensees whose MSW degree is in a clinical concentration. For licensees whose MSW degree is in a non-clinical concentration, 192 hours of consultation within 6400 hours of social work employment in not less than four nor more than six years is required.

Consultants must be social workers who are LCSW, CSW-IP or certified for clinical practice in the state which the consultation is obtained.

Credit for consultation experiences shall be given only for practice in an organized public or private agency, school, institution or organization which provides the opportunity for contact with other professional disciplines and work experience with a broad range of clients.

### **Consultant Data**

Name of Consulting Social Worker		
Mailing Address		
City	State	Zip Code
License Number	Work Telephone	
Type of Social Work Degree		

### **Consultee Data**

Name of Consultee		
Mailing Address		
City	State	Zip Code
License Number (If Applicable)	Work Telephone	

### **Applicant's Employment Data**

Place of Employment		
Mailing Address		
City	State	Zip Code
Telephone Number	Beginning Date of Employment	

**Please read the statement below and sign your testament to the information provided on this form.** ↗

**We have read, understood, and accepted the conditions of this relationship as defined by the Rules of the Board of Social Worker Licensure and by the Statute of the State of Maine. Since the consultee is practicing social work by virtue of the services provided by the consultant, any changes in the relationship must be registered with the Board.**

Consultant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Consultee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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 GOVERNOR

ANNE L. HEAD  
 DIRECTOR

**VERIFICATION OF CONSULTATION FORM**

**IMPORTANT:** Use a separate form for each person verifying experience and for each employment setting. If more space is needed, attach an additional sheet. Please print clearly.

**Licensee Data --To be Completed in Full by Licensee**

Name of Licensee		License Number	
Mailing Address			
City		State	Zip Code
Work Telephone		Original Licensure Date	
Place of Employment during Consultation Period			

**Consultant Data--To be Completed in Full by Consultant**

Name of Consultant		License Number	
Mailing Address			
City		State	Zip Code
Work Telephone		Home Telephone	
Consultant's Education -- School			
Year Graduated		Degree Awarded	

**Licensee Consultation Information--To be Completed in Full by Consultant**

Total Number of Hours Licensee Worked Per Week \_\_\_\_\_

Total Number of Hours Per month **Individual** Supervision/Consultation Was Given \_\_\_\_\_

Total Number of Hours Per month **Group** Supervision/Consultation Was Given \_\_\_\_\_

Total Number of Hours Licensee Worked During the Period Listed Below \_\_\_\_\_

Dates the Applicant was Under your Supervision: From \_\_\_\_\_ To \_\_\_\_\_  
month/day/year month/day/year

1. Please describe licensee's specific functions in terms of social work. If consultation was provided to a Master's level Social Worker, please describe applicant's functions in terms of prevention, diagnosis and treatment of mental illness/disorders and psychosocial treatment:

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2. Please state briefly licensee's personal character, ethical conduct, and competence:

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3. Do you recommend that this person be re-licensed?  Yes  No  
If not, please describe why:

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***I hereby certify that the information given above is correct to the best of my knowledge. I also agree to return this form to the licensee for mailing to the Board of Social Worker Licensure.***

Signature of Consultant: \_\_\_\_\_ Date: \_\_\_\_\_



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GOVERNOR

ANNE L. HEAD  
DIRECTOR

**Verification of Licensure**

The applicant listed below is applying for licensure to practice as a social worker in the State of Maine. The Maine Board of Social Worker Licensure requests written verification from each state that applicant holds or has held any certification, licensure, or credential. This is your authority to release any information in your files, favorable or otherwise. Please mail this verification directly to the Maine Board of Social Worker Licensure 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 a license to practice social work. 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 a license to practice social work. Please submit any copies of verification of supervision received after applicant received their MSW license, if available.**

Name of Licensee \_\_\_\_\_

License # \_\_\_\_\_ Licensure Level \_\_\_\_\_

Original License Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have there ever been any disciplinary actions taken against this license?  Yes  No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please verify which of the following requirements have been met in your state:

BSW from CSWE accredited school \_\_\_\_\_

MSW from CSWE accredited school \_\_\_\_\_

Two (2) years post MSW experience \_\_\_\_\_

Exam taken:       PES                       AASSWB/ASI       Other \_\_\_\_\_

Date exam passed \_\_\_\_\_      Level of exam taken \_\_\_\_\_

If no examination was taken, how was licensure obtained?

Grandfathered       Endorsement from which state \_\_\_\_\_

Signed \_\_\_\_\_

Printed name and title \_\_\_\_\_

State Seal

State \_\_\_\_\_

Date \_\_\_\_\_



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**CHANGE OF NAME AND/OR ADDRESS FORM**

**NOTE:** WE DO NOT REQUIRE THAT YOU USE THIS FOR ANY NAME AND/OR ADDRESS CHANGES, **BUT** WE DO REQUIRE THIS INFORMATION IN WRITING FROM YOU.

**OLD ADDRESS**

Name			License Number
Address			
City	State	County	Zip Code
Daytime Telephone			

**NEW ADDRESS**

Name			License Number
Address			
City	State	County	Zip Code
Daytime Telephone			

OFFICE PHONE: (207)624-8674



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OFFICES LOCATED AT: 122 NORTHERN AVENUE,  
 GARDINER, MAINE

FAX: (207)624-8637



JOHN ELIAS BALDACCI  
GOVERNOR

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**Board Social Worker Licensure**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

ANNE L. HEAD  
DIRECTOR

TO: PROSPECTIVE APPLICANT  
FROM: OFFICE OF LICENSING & REGISTRATION  
RE: CRIMINAL RECORDS CHECK

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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 Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

### CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Please complete the applicant information section and return it to the Board with your completed application and supporting documentation as may be necessary.

You must provide fee in the amount of \$15.00, made payable to Maine State Treasurer, as payment for your criminal history record check in addition to the licensing fees presently required. All fees can be submitted together. Please note that the criminal history record will be returned to the licensing board, not the applicant.

Pursuant to 25 M.R.S.A. §1541, sub-§6, the State Bureau of Identification may charge a fee to government organizations for services provided. Therefore, as of May 1, 2003 all criminal background checks of individuals are subject to a fee of \$15.00.

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**(Clerk Name and Phone Number)**

**Colleen Eugley, Board Clerk  
(207) 624-8674**

OFFICE PHONE: (207)624-8674



FAX: (207)624-8637

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OFFICES LOCATED AT: 122 NORTHERN AVENUE,  
GARDINER, MAINE



JOHN ELIAS BALDACCI  
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DIRECTOR

**CRIMINAL HISTORY RECORD CHECK FEE: \$15.00**  
**Make checks payable to: Treasurer, State of Maine**  
**Submit this Application with License Application**

**APPLICANT INFORMATION**

Name: _____		
Last	First	Middle
Address: _____		
Social Security/Federal I.D. #: _____		Date of Birth: _____
Any other names used: _____		

Please return the criminal history record information or a notice of no record to the following:

**REQUESTING AGENCY INFORMATION**

**(Office Use Only)**

Date: _____	Contact Person: Colleen Eugley, Board Clerk
Agency Name & Address:	Office of Licensing and Registration Board of Social Worker Licensure 35 State House Station Augusta, Maine 04333-0035

OFFICE PHONE: (207)624-8674



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FAX: (207)624-8637

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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.

<b>Name:</b> (applicant fees being paid for)		
<b>Mailing Address:</b> (applicant fees being paid for)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Telephone #:</b> (____) _____ - _____	
<b>Name of cardholder:</b> (if other than applicant)		
<b>Mailing Address:</b> (if other than applicant)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

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

Visa     MasterCard \_\_\_\_\_

Expiration date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ in the amount of: \$ \_\_\_\_\_ **Card number**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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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](http://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**

Dated: September 28, 2007