Maryland
DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

Maryland State Board of Long-Term Care Administrators

4201 Patterson Avenue, Suite 305
Baltimore, MD 21215-2299
Telephone: (410) 764-4750
Website: health.maryland.gov/bonha

APPLICATION FOR RECOGNITION OF OUT-OF-STATE LICENSURE PURSUANT TO THE VETERANS AUTO AND EDUCATION IMPROVEMENT ACT OF 2022 (PL 117-333) AND MODERNIZING CIVIL RELIEF FOR SERVICEMEMBERS ACT: LICENSE PORTABILITY

APPLYING FOR RECOGNITION TO PRACTICE, ENTER "X" FOR THE APPROPRIATE SELECTION:

A. Nursing Home Administration: _____
B. Assisted Living Management: _____

LIST OF REQUIREMENTS

SUBMIT:

(1) Completed Application.

(2) Copy of military orders indicating military service in Maryland (or if application is for a spouse, provide the sponsor's military orders indicating the spouse's name, or in cases where military orders do not have the spouse's name listed, provide a copy of the marriage certificate with the military orders).

(3) Certified Letter or Signed License Verification Form with the State Seal affixed from each state in which you hold a nursing home administrator or assisted living manager license, verifying that the license is in good standing.

(4) Passport size and type photograph.
Photos taken with a smartphone are acceptable taken against a solid white or light-colored background.

(5) Documentation of legal name change (i.e., marriage certificate, divorce decree, legal name change).

(6) "Privacy Act Statement and Noncriminal Justice Applicant's Privacy Rights" form.

All applicants are required to submit to a State and national/FBI criminal history records check in accordance with the Health Occupations Article, §9-302.1, Annotated Code of Maryland.

YOU MUST SCAN AND SUBMIT YOUR COMPLETED APPLICATION ALONG WITH ALL SUPPORTING DOCUMENTS TO THE BOARD AT: mdh.bltca@maryland.gov

COMPLETE THIS APPLICATION ONLY IF:

(1) You are a nursing home administrator or assisted living manager who is presently a servicemember or a nursing home administrator who has a spouse who is a servicemember;

(2) You have a nursing home administrator or assisted living manager license in a state or states other than Maryland that are in good standing and that you have actively used during the 2 years immediately preceding your military relocation to Maryland;

(3) Either you or your spouse are under orders to provide military service in Maryland; and

(4) You or your spouse seek recognition to practice nursing home or assisted living administration that is effective only during the pendency of your or your spouse's military service in Maryland**. There is no fee associated with this application.**

Professional license portability is not a permanent Maryland Nursing Home Administrator or Assisted Living Manager license. It applies only while the individual remains eligible under federal law. Individuals seeking permanent Maryland licensure must apply through the Board's regular licensure process. Both an application and license fee will apply.

PLEASE NOTE THE FOLLOWING:

"Servicemember" is defined as a member of the "uniformed services." "Uniformed services" means (a) the armed forces; (b) the commissioned corps of the National Oceanic and Atmospheric Administration; and (c) the commissioned corps of the Public Health Service. "Armed forces" is defined as " Army, Navy, Air Force, Marine Corps, Space Force, and Coast Guard."

"Spouse" is defined as "husband or wife, as the case may be."

"Reside in the State of Maryland" is defined as Maryland being the site of your or your spouse's duty station.

CHECK APPLICABLE STATUS:

Servicemember: Yes:__ No:__ or Spouse of a Servicemember: Yes:__ No:__

SECTION 1 - INITIAL QUALIFICATIONS for SERVICEMEMBER (Servicemember spouses will answer in the next section)

You must meet the following initial qualifications to obtain a Servicemember Recognition as a Nursing Home Administrator (NHA) or Assisted Living Manager (ALM). If you answer "No" to any of the questions in SECTION I – Initial Qualifications for SERVICEMEMBER you may not be considered for a Servicemember Recognition as a NHA or ALM. Other requirements also apply.

Servicemembers ONLY please answer the following questions and select "yes" or "no".

A. Are you presently a "servicemember" as defined above on page 2? Yes:__ No:__

B. Do you "reside" (as that word is defined on page 1) in Maryland as a result of military orders? Yes:__ No:__

C. Are all NHA or ALM licenses that you presently hold in other states in "good standing"? Yes:__ No:__

D. Have you actively used one or more NHA or ALM licenses during the two years immediately preceding your relocation to Maryland? Yes:__ No:__

E. Are you recognized as a licensed NHA or ALM in any state? Yes:__ No:__

SECTION 2 - INITIAL QUALIFICATIONS FOR SERVICEMEMBER SPOUSE

You must meet the following initial qualifications to obtain a Servicemember Spouse Recognition as a Nursing Home Administrator (NHA) or Assisted Living Manager (ALM). If you answer "No" to any of the questions in SECTION II– Initial Qualifications FOR SERVICEMEMBER SPOUSE you may not be considered for a Servicemember Spouse Recognition as a NHA or ALM. Other requirements also apply.

Servicemembers SPOUSES ONLY please answer the following questions. "yes" or "no".

A. Are you presently the spouse of a "servicemember" as those terms are defined on page 1? Yes:___ No:___

B. Do you or your spouse "reside" (as that word is defined on page 1) in Maryland as a result of your spouse's military orders? Yes:___ No:___

C. Are all NHA or ALM licenses that you presently hold in other states in "good standing"? Yes:___ No:___

D. Have you actively used one or more NHA or ALM licenses during the two years immediately preceding your relocation to Maryland? Yes:___ No:___

E. Are you recognized as a licensed NHA or ALM in any other state? Yes:___ No:___

SECTION 3 – GENERAL INFORMATION

NAME:

_____

First Name Middle Initial Last Name

STREET ADDRESS:

_____

_____

TELEPHONE NUMBER:

HOME: (__) _____ **WORK:** (___) _____ **CELL:** (_____) _____

EMAIL ADDRESS:

_____

SOCIAL SECURITY NO:_____ **BIRTHDATE:**_____

GENDER IDENTIFICATION: Female:_____ **Male:**_____ **Prefer not to answer:**_____

RACE:

Are you of Hispanic or Latino Origin? Yes:___ **No:** ___ **Prefer not to answer:** ___

(Please enter "X" for all applicable; *for statistical purposes only*)

1. White:___ **2. Black or African American:**___ **3. American Indian or Alaska Native:**___ **4. Asian:**___

5. Native Hawaiian or Other Pacific Islander:___ **6. Other:**___

LICENSURE IN OTHER STATES:

List other states or jurisdictions in which you hold a nursing home administrator or assisted living manager license. Include license number(s).

STATE	LICENSE NUMBER	EXPIRATION DATE	ISSUE DATE

STATE	LICENSE NUMBER	EXPIRATION DATE	ISSUE DATE

SECTION 4 – MORAL CHARACTER AND FITNESS – TO BE ANSWERED BY SERVICEMEMBERS OR SPOUSE OF SERVICEMEMBER

Please answer each of the following questions by checking "X" in the appropriate selection the right. You must answer each question with a "Yes" or "No" response as no other response is acceptable. All "Yes" answers **MUST** be explained in detail. The detailed letter of explanation must include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

1. Have you ever had any application for any professional license refused or denied by any licensing authority? Yes:___ No:___

2. Have you ever been placed on probation, restrictions, suspension, revocation, modification, allowed to resign, requested to leave temporarily or permanently, or otherwise acted against by any professional training program prior to completing the training? Yes:___ No:___

3. Have you ever surrendered a professional license? Yes:___ No:___

4. Have you ever had any professional license suspended or revoked? Yes:___ No:___

5. Have you ever been the subject of disciplinary action by any licensing agency with regard to any professional license? Yes:___ No:___

6. To your knowledge have any unresolved or pending complaints ever been filed against you with any licensing agency, association, or licensed health care facility? Yes:___ No:___

7. Has your employment or contract with any health care related entity or employer ever been terminated for disciplinary reasons? Yes:___ No:___

8. Have you ever resigned from employment or from a contract with any health care related entity or employer for any disciplinary related reasons or while under investigation for disciplinary related reasons? Yes:___ No:___

9. Have you ever pled guilty or nolo contendere (no contest), been convicted of, or received probation before judgment for any criminal offense (excluding minor traffic violations)? If "Yes", in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer: Yes:___ No:___

SECTION 4 – CONTINUED

10. Are there any current or pending criminal charges against you in any court of law? Yes:___ No:___

11. Have you ever been arrested or charged with a criminal offense excluding a minor traffic violation? Yes:___ No:___

12. Are you now being treated or have you in the last 5 years been treated for a drug or alcohol addiction or participated in a rehabilitation program? Yes:___ No:___

13. Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions in the practice of a nursing home administrator or assisted living administration, including disease or condition generally regarded as chronic by the medical community, i.e. (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition? Yes:___ No:___

14. Have you ever been named as a defendant to a civil suit related to your profession? Yes:___ No:___

15. Have you ever been court martialed or discharged other than honorably from the armed service? Yes:___ No:___

Explanations for Affirmative Responses under Section 4 - the Moral Character and Fitness (add pages as needed):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

SECTION 5 – RELEASE AND ATTESTATION

The practice of nursing home administration or assisted living management without a current recognition of out-of-state nursing home administrator or assisted living manager licensure issued by the Maryland State Board of Long-Term Care Administrators is a violation of the Maryland Long-Term Care Administrators Act. I agree to abide by the laws and regulations governing the practice of nursing home administration or assisted living management under MD Code Ann., Health Occupations Article §§ 9-101 – 9-501.

I agree to hold the Maryland State Board of Long-Term Care Administrators, its members, staff, and agents free from any damage or claim for damage or complaints by reason of any action they or any one of them take in connection with this application, and/or failure of the Board to issue me a recognition of out-of-state nursing home administrator or assisted living manager license.

I hereby grant permission to the Board to seek any and all information or references it deems fit in securing my credentials pertinent to this application, from any person or agency, including, but not limited to, the National Practitioner Data Bank and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board that is reasonably necessary for the Board's processing and review of my application.

I affirm, under the penalties of perjury, the information provided in this application is true and correct. I understand that providing false information of any kind or omitting information known to me may result in the voiding of this application. I agree that all documents submitted with this application are the property of the Board and are not returnable.

Print Name: _____

Applicant's Signature: _____

Date:_____