



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

**Maryland State Board of Long-Term Care Administrators**  
**4201 Patterson Avenue**  
**Baltimore, MD 21215-2299**  
**Telephone: (410) 764-4750**  
**Email: [mdh.blcca@maryland.gov](mailto:mdh.blcca@maryland.gov)**  
**Website: [health.maryland.gov/bonha](http://health.maryland.gov/bonha)**

**APPLICATION FOR RECOGNITION OF OUT-OF-STATE NURSING HOME ADMINISTRATOR LICENSURE PURSUANT TO THE VETERANS AUTO AND EDUCATION IMPROVEMENT ACT OF 2022 (PL 117-333) CHECKLIST**

INCLUDED	REQUIRED DOCUMENTS
<input type="checkbox"/>	Completed <b><u>Notarized</u></b> Application.
<input type="checkbox"/>	Copy of military orders indicating military service in MD (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).
<input type="checkbox"/>	Certified Letter or Signed License Verification Form with the State Seal affixed from each state in which you hold a nursing home administrator license, verifying that the license is in good standing.
<input type="checkbox"/>	Passport size photograph with required notarized affidavit ***Please note guidelines include: 2x2 color photo with the head centered and sized between 1” and 1.4” taken in last 2 years, use a clear image of your face. Do not use filters commonly used on social media, have someone else take your photo. (No selfies), and use a plain white or off-white background. Unacceptable photos will be returned and may delay the issuance of your certificate.
<input type="checkbox"/>	A separate sheet of paper for Character and Fitness Questions that required a written explanation to questions answered “YES” (if applicable)
<input type="checkbox"/>	Documentation of legal name change (i.e., marriage certificate, divorce decree, legal name change).

**YOU MAY CHOOSE TO MAIL YOUR APPLICATION AND SUPPORTING DOCUMENTS TO:**

Maryland State Board of Long-Term Care Administrators  
 4201 Patterson Avenue, Office #305  
 Baltimore, Maryland 21215

**OR SUBMIT BY EMAIL AT: [mdh.blcca@maryland.gov](mailto:mdh.blcca@maryland.gov)**

**APPLICATION FOR RECOGNITION OF OUT-OF-STATE NURSING HOME ADMINISTRATOR LICENSURE PURSUANT TO THE VETERANS AUTO AND EDUCATION IMPROVEMENT ACT OF 2022 (PL 117-333)**

**COMPLETE THIS APPLICATION ONLY IF:**

- (1) YOU ARE A NURSING HOME ADMINISTRATOR 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 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 A RECOGNITION TO PRACTICE NURSING HOME ADMINISTRATOR 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.

**IF YOU SEEK A MARYLAND NURSING HOME ADMINISTRATOR LICENSE THAT DOES NOT EXPIRE WHEN YOUR OR YOUR SPOUSE’S MARYLAND MILITARY ORDERS EXPIRE, DO NOT COMPLETE THIS APPLICATION. INSTEAD, COMPLETE THE APPLICATION FOR NURSING HOME ADMINISTRATOR LICENSURE. THERE IS A \$100 FEE ASSOCIATED WITH THE REFERENCE APPLICATION.**

**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"* if 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. “

Are you a:

Servicemember: Yes No      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 Nursing Home Administrator Recognition. If you answer “No” to any of the questions in SECTION I – Initial Qualifications for SERVICEMEMBER you may not be considered for a Servicemember Nursing Home Administrator Recognition. Other requirements also apply.

**Servicemembers ONLY please answer the following questions.**

- YES    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 nursing home administrator licenses that you presently hold in other states in “good standing”?
- YES    NO  
        d. Have you actively used one or more nursing home administrator licenses during the two years immediately preceding your relocation to Maryland?
- YES    NO  
        e. Are you recognized as a licensed nursing home administrator in any state?

**SECTION 2 - INITIAL QUALIFICATIONS for SERVICEMEMBER SPOUSE**

You must meet the following initial qualifications to obtain a Servicemember Spouse Nursing Home Administrator Recognition. 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 Nursing Home Administrator Recognition. Other requirements also apply.

**Servicemembers spouses ONLY please answer the following questions.**

**YES 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 nursing home administrator licenses that you presently hold in other states in “good standing”?

**YES NO**

d. Have you actively used one or more nursing home administrator licenses during the two years immediately preceding your relocation to Maryland?

**YES NO**

e. Are you recognized as a licensed nursing home administrator in any other state?

**SECTION 3 – GENERAL INFORMATION**

**NAME:**

\_\_\_\_\_

**First**

**Middle Initial**

**Last**

**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 circle 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 license. Include license number(s).

\_\_\_\_\_

STATE

LICENSE NO.

EXPIRATION DATE

ISSUE DATE

STATE

LICENSE NO.

EXPIRATION DATE

ISSUE DATE

#### **SECTION 4 - CHARACTER AND FITNESS – TO BE ANSWERED BY SERVICEMEMBERS AND THEIR SPOUSES**

Please answer each of the following questions by putting a check (✓) in the appropriate box on 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 in a separate **SIGNED** and **NOTARIZED** affidavit. The affidavit should 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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
3. Have you ever surrendered a professional license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you ever had any professional license suspended or revoked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you ever been the subject of disciplinary action by any licensing agency with regard to any professional license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
7. Has your employment or contract with any health care related entity or employer ever been terminated for disciplinary reasons?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
9. Have you ever pled guilty or nolo contendere, 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 <input type="checkbox"/> No <input type="checkbox"/>
10. Are there any current or pending criminal charges against you in any court of law?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Have you ever been arrested or charged with a criminal offense excluding a minor traffic violation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
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, 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 <input type="checkbox"/> No <input type="checkbox"/>
14. Have you ever been named as a defendant to a civil suit related to your profession?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Have you ever been court martialled or discharged other than honorably from the armed service?	Yes <input type="checkbox"/> No <input type="checkbox"/>

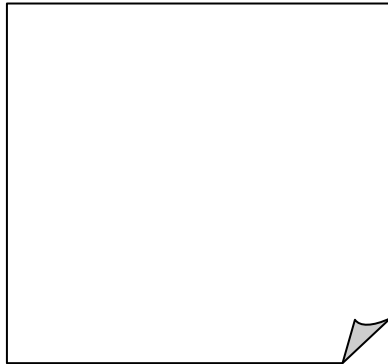
**SECTION 5 - AFFIDAVIT OF APPLICANT**

I authorize the Maryland State Board of Long-Term Care Administrators to investigate any area it deems necessary. Should I furnish any false information on the application, I hereby agree that such an act shall constitute cause for the denial of my application for licensure or the suspension or revocation of my license. I agree that it is my duty as the applicant to provide supplemental information to the Board if there is any material change after submission of the application. I agree that no liability attends to the Board for its use of this material so long as it relates to licensure.

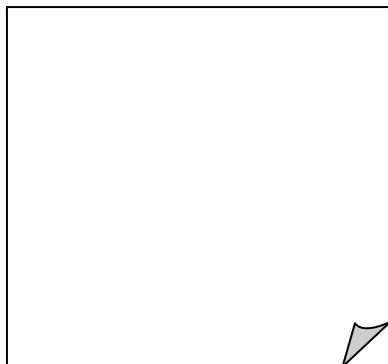
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

One Recent Passport Type Photograph



Notary Seal



**AFFIDAVIT:**

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

Before the undersigned, a Notary Public in and for the County and State aforesaid on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, personally appeared \_\_\_\_\_

(applicant) who, being first duly sworn, says he/she is the person referred to in, and who signed the foregoing application; that the facts and statements therein contained are true, to the best of his/her knowledge and belief.

\_\_\_\_\_  
Notary Public

My commission expires:  
\_\_\_\_\_, 20\_\_\_\_\_