



May 7, 2026

VIA EMAIL  
jmarchese@actisme.com

Ms. Jennifer Marchese  
Campus President  
Allied Career Training Institute  
890 Main Street, Suite 100  
Sanford, ME 04073

**Re: Initial Accreditation Denied  
Appealable (Not a Final Action)  
ACCET ID #1668**

Dear Ms. Marchese:

At its April 2026 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny initial accreditation to the Allied Career Training Institute located in Sanford, Maine.

The decision was based on careful review and evaluation of the record, including the institution's Analytic Self-Evaluation Report (ASER), the on-site visit team report (visit conducted January 13–14, 2026), and the institution's response to that report, received March 11, 2026. It is noted that a few of the weaknesses cited in the team report were met or partially addressed in the institution's response to that report. However, the Commission determined that the institution has not adequately demonstrated compliance with respect to ACCET standards, policies, and procedures and, therefore, failed to demonstrate that it meets all eligibility requirements for accreditation, as required in ACCET Document 1 – The Accreditation Process, as noted below.

1. Standard II.A. Governance

The institution failed to demonstrate that it maintains an appropriate governance structure that operates in compliance with applicable regulatory requirements.

The team report indicated that the institution did not demonstrate that it holds a current license to operate from the State of Maine Department of Higher Education. The institution's most recent license expired on December 31, 2024, and the application for renewal was not submitted until January 12, 2026, after the required deadline. The institution did not provide evidence of licensure for calendar year 2025.

Additionally, the team identified inconsistencies in the institution's ownership structure. While the application for initial accreditation listed multiple owners, documentation reviewed during the visit indicated a change in ownership that was not reflected in the application. Further, the institution's publications reflected inconsistent use of the ACCET-approved institutional name, including multiple variations across published materials and references to unrelated institutions in the catalog.

*In its response, the institution provided an updated catalog using the institution's name as reflected in the application for accreditation. The institution indicated that the state*

*licenses could not be located at the time of the visit, but copies for 2025 and 2026 were provided in its response.*

*Additionally, the institution provided meeting minutes indicating a request for a transfer of ownership; however, the response does not demonstrate that ownership information has been formally updated, reported, or consistently reflected across instructional records.*

**Therefore, the institution failed to demonstrate full compliance with Standard II.A. Governance.**

2. Standard II.C. Human Resource Management

The institution failed to demonstrate that human resource policies and procedures are effectively implemented to ensure appropriate staffing.

The team report indicated that the institution did not demonstrate that appropriate staffing levels are maintained or that personnel are effectively utilized and evaluated. Additionally, the institution did not provide evidence of written policies related to employee retention, training, and professional development. The institution also did not provide a completed ACCET Document 21 or a current organizational chart reflecting active personnel.

*In its response, the institution submitted updated personnel documentation, including written policies related to employee retention, training, and professional development; a completed ACCET Document 21; an organizational chart; and records of one training activity. The institution also provided personnel files for the four currently employed staff members.*

*However, the submitted documentation does not demonstrate that appropriate staffing levels are maintained, as the organizational chart shows four of seven positions as unfilled, and the institution continues to operate with limited personnel.*

**Therefore, the institution failed to demonstrate full compliance with Standard II.C. Human Resource Management.**

3. Standard II.D. Records

The institution failed to demonstrate that it maintains secure, accurate, and complete student records in accordance with established policies and procedures.

The team report indicated that the institution did not demonstrate that student records are protected from loss or unauthorized access. Specifically, a requested student file was unavailable due to damage, and student records were maintained in unsecured file cabinets. Additionally, multiple student-facing documents contained incorrect institutional and program information, including references to programs not offered and to financial aid, even though the institution does not participate in Title IV funding programs. The institution also did not provide the required ACCET checklists in advance of the visit.

*In its response, the institution indicated that the damaged file was an isolated incident and indicated that all records are stored in a fireproof cabinet behind a locked door. Files were not secured at the time of the visit to “avoid interrupting the team while they were in session in the hallway adjacent to the records room.” The institution also indicated that it is transitioning to electronic record systems; however, evidence of implementation was not provided.*

*The institution submitted the ACCET checklists not provided during the on-site visit. The institution further indicated that it has removed all references to former institutions (Harris School of Business, Salter School of Nursing) and inactive programs from enrollment documents. Blank documents were provided; however, no completed enrollment agreements or admission packets were provided to demonstrate systematic and effective implementation of the revised forms.*

**Therefore, the institution failed to demonstrate full compliance with Standard II.D. Records.**

4. Standard III.A. Financial Stability

The institution failed to demonstrate a record of responsible financial management with resources sufficient to provide quality education, training, and student services, and to complete the instruction of all enrolled students.

The team report indicated that the institution did not provide 2024 financial statements or an ACCET Document 12.d, as required. Additionally, the institution did not provide a narrative summary of its current financial stability, including changes in enrollment, financial assistance, or operations, as required by ACCET Document 8.1 – Preparation Checklist for ACCET Evaluation Visit. The institution failed to demonstrate how it maintains financial stability, particularly given that tuition and fees were not charged prior to 2026.

*In its response, the institution indicated that financial stability is supported by its ownership group and referenced personal financial statements, budgeting practices, and an SBA loan; however, no evidence was provided to support these claims. The institution did not provide institutional financial statements or financial statements from the ownership group, documentation of the SBA loan, or operational budgets. Further, reliance on the owner's personal financial statements alone does not demonstrate an institution's financial stability.*

**Therefore, the institution failed to demonstrate full compliance with Standard III.A. Financial Stability.**

5. Standard III.B. Financial Procedures

The institution failed to demonstrate that it assesses its finances at adequate intervals, at least quarterly; that all financial transactions, including all charges and payments of tuition and other program costs are properly recorded and tracked on individual student ledgers; and that its cancellation and refund policy is compliant with applicable requirements.

The team report indicated that the institution did not demonstrate that financial activities are assessed at adequate intervals. Additionally, the institution did not demonstrate that tuition and fees are applied and tracked consistently, that student ledgers and receipts are maintained, or that cancellation and refund policies are fair, consistently administered, and compliant with state requirements. The team also identified inconsistencies between institutional documents and practices, including refund timelines and student records.

*In its response, the institution indicated that it has implemented new financial controls, including the use of a CMS, and described updated practices related to financial monitoring and documentation. The institution provided 26 student ledger cards but no corresponding enrollment agreements to corroborate those ledgers. Further, no documentation was provided to demonstrate the systematic and effective implementation of the new system or of the policies and procedures to guide the revised practices. No evidence was provided to demonstrate ongoing financial monitoring, such as budgets or documented financial reviews.*

**Therefore, the institution failed to demonstrate full compliance with Standard III.B. Financial Procedures.**

6. Standard III.C. Financial Assistance/Scholarships

The institution failed to demonstrate that financial assistance and scholarships are administered in accordance with written policies and procedures.

The team report indicated that the institution waived tuition and fees for students from 2023 to 2025; however, no written scholarship policies or procedures were provided to govern eligibility, award decisions, documentation, or administration of such assistance.

*In its response, the institution indicated that full institutional scholarships were provided during its start-up period and that a need-based scholarship model will be implemented beginning in 2026. The institution also indicated that scholarship awards for prior periods were retroactively documented and that ledger cards were created to reflect scholarship activity. However, the documentation submitted does not demonstrate the implementation of a compliant, consistently applied scholarship process. The institution did not provide completed Scholarship Award Forms, supporting documentation to substantiate individual awards, or written policies and procedures to govern either the prior scholarship practices or the proposed need-based model.*

**Therefore, the institution failed to demonstrate full compliance with Standard III.C. Financial Assistance/Scholarships.**

7. Standard IV.B. Program/Instructional Materials

The institution failed to demonstrate that all materials are relevant, up-to-date, readily available, and facilitate positive learning outcomes.

The team report indicated that textbooks and instructional materials used in the Medical Assisting program were outdated, including the use of *The Language of Medicine*, 11<sup>th</sup> Edition (2017), despite the availability of more current editions containing updated information.

*In its response, the institution stated that a curriculum review is underway and that updates to instructional materials are expected to be finalized in April 2026. However, the response reflects proposed corrective actions rather than evidence of current compliance. The institution did not demonstrate that updated instructional materials have been selected, approved, implemented, or integrated into the Medical Assisting curriculum, nor did it provide documentation showing that revised materials are available to students or faculty.*

**Therefore, the institution failed to demonstrate full compliance with Standard IV.B. Program/Instructional Materials.**

8. Standard IV.D. Curriculum Review/Revision

The institution failed to demonstrate that it implements effective written policies to continuously monitor and improve the curriculum.

The team report indicated that no evidence of prior or ongoing curriculum review was provided. The ASER stated that initial curriculum reviews would occur in January 2026.

*In its response, the institution provided documentation of a curriculum review meeting held in January 2026 and indicated that faculty were engaged in evaluating course materials and instructional effectiveness. The institution also established a timeline for continued review, including a follow-up meeting scheduled for April 2026. While the submitted documentation reflects initial efforts to conduct a curriculum review, the institution did not provide a policy or procedure for curriculum review and revision, nor did it provide documentation demonstrating the systematic and effective implementation of a regular review process.*

**Therefore, the institution failed to demonstrate full compliance with Standard IV.D. Curriculum Review/Revision.**

9. Standard V.B. Equipment, Supplies, and Learning Resources

The institution failed to demonstrate that adequate, appropriate, up-to-date, and functional equipment, supplies, and learning resources are readily available for instructor and student use and for the effective delivery of the institution's education and training.

The team report indicated that many of the supplies to be used in the Medical Assisting program had expired:

- Urine Dipsticks – Expired 2015
- Strep Tests – Expired 2020
- HCG (Pregnancy Tests) – Expired 2019
- Accu-Chek (Blood Sugar Testing Strips) – Expired 2019

- Tongue Depressors – Expired 2016
- Lacets – Expired 2011
- Culture Swaps – Expired 2005
- Sodium Chloride Vials – Expired 2021
- Needles – Expired 2019

It is noted that the Campus Director indicated that expired products are not utilized in class for clinical practice; instead, they are shown to students as examples of the types of products they may find in practice.

Additionally, the team identified the following concerns regarding equipment for the Medical Assisting program:

- The large scale is not balanced.
- The autoclave is corroded and does not open. However, it is said to be in working condition, though no calibration or service tags were provided.
- HGB and Glucometers are not serviced, nor do they turn on.
- The Blood Pressure cuffs are not in working order; the sphygmomanometer does not pump up.
- The oral thermometer turns on but turns off after a few seconds.
- The crutches and wheelchair have cracked vinyl.
- Medical Assisting Classroom – The sink in the classroom with an exam table is portable, and the reservoir is not full, so the team could not confirm that the sink could be used for handwashing. The team found corrosion in the reservoir tank. It is noted, however, that this classroom is currently not being utilized.

The team further noted that only one student (with a start date of January 5, 2026) was enrolled in the Medical Assisting program at the time of the visit. The Campus Director indicated that when the student is ready to enter the skills lab, new equipment and supplies will be ordered. However, the institution did not demonstrate that past graduates were provided with working and unexpired supplies.

*In its response, the institution provided four “Medical Supply Invoices,” which appear to be Amazon order histories reflecting purchase and expected delivery dates.*

*The institution indicated that “these purchases ensure that all clinical skills in the 102MA Clinical Fundamentals course beginning March 13, 2026, will be taught using current, unexpired, and fully functional materials. Additional consumables such as venipuncture supplies and saline will be ordered the week prior to each skills-based module to align quantities with actual enrollment and prevent future expiration.” However, no policies and procedures were provided to demonstrate a systematic and effective approach to ensure that appropriate consumables are available for all students prior to the start of each module.*

*Further, the institution indicated that the scale has been rebalanced and that the autoclave remains operational but is used only for demonstration, consistent with current outpatient practice. Instructional videos supplement student learning. However, no documentation was provided to substantiate these claims.*

**Therefore, the institution failed to demonstrate compliance with Standard V.B. Equipment, Supplies, and Learning Resources.**

10. Standard VII.B. Admissions/Enrollment

The institution failed to demonstrate that its admissions and enrollment policies are consistently applied and in compliance with ACCET requirements.

The team report indicated that the institution's enrollment agreement was inconsistent with the catalog and ACCET Document 29.1 – Enrollment Agreement Checklist, including discrepancies related to refundable fees, accepted methods of payment, non-refundable items, and requirements for student Social Security Numbers. Additionally, the institution utilized an outdated entrance assessment without documentation of authorization for its use.

*In its response, the institution provided an updated catalog and enrollment agreement and indicated that it has discontinued the use of the Wonderlic Scholastic Level Exam. The institution's revised catalog is posted on its website, and a revised blank enrollment agreement was provided. However, the response did not demonstrate how these changes to enrollment have been implemented. No completed enrollment agreements were provided to demonstrate systematic and effective implementation of the new form. Further, the institution did not demonstrate what assessment, if any, is currently used to determine student readiness or that admissions practices are consistently applied in accordance with updated policies.*

**Therefore, the institution failed to demonstrate full compliance with Standard VII.B. Admissions/Enrollment.**

11. Standard VII.C. Transfer of Credit

The institution failed to demonstrate that its transfer of credit policies are clearly defined, consistently applied, and in compliance with ACCET requirements.

The team report indicated that the transfer of credit policy was inconsistently represented between the catalog and application materials, including references to Title IV eligibility that are not applicable. The policy also did not clearly identify responsibility for transfer determinations. Additionally, the team identified a student who exceeded the institution's stated transfer limit.

*In its response, the institution submitted an updated catalog and enrollment agreement. It is noted that the revised transfer of credit language in the catalog indicates that the institution "may accept credits from other schools or colleges as long as the institution is recognized by the US Department of Education." ACCET Document 16 – Transfer of Credit Policy indicates that "An institution may accept credit earned at another institution only if that institution is accredited by an agency recognized by either the US Department of Education or the Council for Higher Education Accreditation."*

*Further, the institution did not provide an updated internal procedure relative to the revised transfer of credit policy to demonstrate how transfer limits are enforced, how student records are verified, or how student appeals are processed and adjudicated, as required by ACCET Document 16.*

**Therefore, the institution failed to demonstrate full compliance with Standard VII.C. Transfer of Credit.**

12. Standard VIII.B. Attendance

The institution failed to demonstrate that it establishes and implements written policies and procedures for monitoring and documenting attendance.

The team report indicated that the institution did not demonstrate that graduates achieved the required number of clock hours for program completion. Additionally, the team observed that posted break schedules were not consistently followed.

*In its response, the institution acknowledged that the transcripts generated from its Populi database did not include clock hours. The response included a screenshot of a message sent to Populi requesting the change, but no other documentation to demonstrate that the issue has been resolved. The institution also provided a copy of a handwritten attendance record for one student, [REDACTED], for one week (February 24–27, 2025), indicating a “P” for each of the four days in the 110PSY: Psychology of Science course. Additional “attendance calculation” documents were provided for four students, indicating total clock hours scheduled, hours attended, and percentage attended. However, the calculation does not include enrollment dates; no corresponding enrollment agreements were provided, nor was any backup documentation to validate the percentages.*

*The institution further indicated in its response that it maintains a posted break schedule and makes every effort to adhere to it, adding that it will reinforce expectations with faculty and implement a simple break log to document adherence. However, no documentation was provided to demonstrate faculty training or oversight to ensure systematic and effective implementation.*

**Therefore, the institution failed to demonstrate full compliance with Standard VIII.B. Attendance.**

13. Standard VIII.C. Student Progress

The institution failed to demonstrate that student progress is consistently documented in accordance with institutionally established performance outcomes and communicated to all students, and that students are informed of their progress on a regular and timely basis.

The team report indicated that while the institution maintains copies of all student tests, quizzes, and grades, the institution did not demonstrate that SAP is calculated or monitored. Further, it noted that the SAP calculation in the catalog references “Credit Hours.” However, the team confirmed that the institution offers its programs in clock hours.

And the catalog includes the following statement: “The SAP policy is applied to all students regardless of receipt of Title IV Financial Aid.” It is noted that the institution does not participate in Title IV funding programs.

*In its response, the institution confirmed that it measures its programs in clock hours and that the credit hour reference has been removed from the catalog, as well as references to Title IV funding. The institution indicated that it maintains quantitative monitoring controls, including manually entered attendance spreadsheets that calculate scheduled hours, attended hours, and the percentage attended for each course, as referenced under Standard VIII.B. Attendance. The institution provided two SAP reports ( [REDACTED] and [REDACTED] ); however, these reports are presumably the same reports reviewed by the team, as they do not include details related to progress (e.g., attendance rates, grade point average, or academic performance), instead, indicating only “Satisfactory” under SAP.*

*The institution indicated that “going forward, the institution will ensure that SAP evaluations are consistently documented, uploaded, and available for review, and that the catalog accurately reflects the institution’s SAP process and program structure.” However, no documentation was provided to demonstrate systematic or effective implementation of its Satisfactory Academic Progress policy.*

**Therefore, the institution failed to demonstrate full compliance with Standard VIII.C. Student Progress.**

14. Standard IX.B. Employer/Sponsor Satisfaction

The institution failed to demonstrate that it establishes and implements written policies and procedures that provide an effective means to regularly assess, document, and validate employer/sponsor satisfaction relative to the quality of the education and training provided; and that feedback from employers who hire graduates is documented and utilized to improve the education, training, and student services of the institution.

The team report indicated that the institution included in its ASER “forward-looking plans” to assess Employer Satisfaction, including the development of a Program Advisory Committee; however, the institution did not demonstrate that it currently implements written policies and procedures to assess employer satisfaction.

*In its response, the institution indicated that it has “developed and implemented a formal Employer Satisfaction Policy that establishes a consistent, documented process for collecting, analyzing, and validating employer feedback for all programs.” However, the formal policy was not provided. The institution’s narrative indicates that the Campus President oversees the process and that “Program Directors” assist with employer outreach. It is noted that the institution’s organizational chart does not currently reflect employees in the Program Director positions.*

*The institution indicated in its narrative that it compiles employer survey results into a quarterly Employer Satisfaction Summary Report. While the institution provided four completed employer surveys, no summary reports were provided. Nor did the institution*

*provide an analysis demonstrating that feedback from employers is documented and used to improve education, training, and student services, as required by the Standard.*

**Therefore, the institution failed to demonstrate full compliance with Standard IX.B. Employer/Sponsor Satisfaction.**

15. Standard IX.D. Completion and Job Placement

The institution failed to demonstrate that it establishes and implements written policies and procedures that provide effective means to regularly assess, document, and validate the quality of the education and training services provided relative to completion and placement rates, as applicable; that the number of students who complete the programs and courses in which they enroll is consistent with the benchmarks established by the Accrediting Commission; and that the quality of such programs is validated by positive training-related outcomes consistent with the benchmarks established by the Accrediting Commission.

The team report indicated that completion rates could not be validated due to deficiencies in student records, as noted under Standard VIII.B. Attendance. The disclosure document provided to students reflected completion and placement rates of 0%, and the reported outcomes for the Medical Assisting program in 2024 were below the ACCET benchmark: 40% completion (2 completers/5 eligible) and 50% placement (1 placed/2 eligible).

*In its response, the institution provided the same four attendance calculation documents noted under Standard VIII.B. Attendance, but it did not provide supporting documentation to validate those attendance percentages. Additionally, the institution provided updated disclosure documents, but it did not demonstrate how this information is shared with prospective students. Further, the completion and placement rates provided reflect the same below-benchmark rates identified by the evaluation team for the Medical Assisting program for 2024.*

**Therefore, the institution failed to demonstrate full compliance with Standard IX.D. Completion and Job Placement.**

**Denial of Initial Accreditation:**

Since denial of accreditation is an adverse action by the Accrediting Commission, the institution may appeal the decision. The complete procedures and guidelines for appealing the decision are detailed in ACCET Document 11 – Policies and Practices of the Accrediting Commission, available on our website at [www.accet.org](http://www.accet.org). Per Document 11, “An institution that is denied initial accreditation is not automatically eligible to reapply for accreditation. The institution must first seek and obtain the permission of the Commission to apply. Further, the institution may not reapply for accreditation until at least one year from the date of the Commission’s final action. If the implementation of such final action by the Commission is delayed but ultimately upheld through legal remedies pursued in an appropriate court of law, the one-year minimum waiting period required prior to reapplication by the institution will begin on the date of the court’s decision.”

**Appeals Request:**

To initiate an appeal, the institution must file a written request for an appeal to the Accrediting Commission **within fifteen (15) calendar days** after receipt of this letter. The request for an appeal must include the electronic submission of the following documents: (1) a signed affidavit by an authorized representative of the institution, indicating that a notice of the denial of accreditation, has been disclosed to all current and prospective students **within seven business days** of receipt of the decision, prominently published on the institution's website, and posted in a conspicuous place at the institution, to include, at minimum, the admission office and the student lounge or comparable location, notifying interested parties of the Commission's adverse action; (2) a teach-out plan in accordance with ACCET Document 32 – Teach-Out/Closure Policy, to ensure that students are afforded an opportunity to successfully complete their training in the event of the institution's closure; and (3) verification that the institution has no outstanding financial obligations owed to ACCET.

The documentation should be compiled as a single .pdf file. Each exhibit should be distinctly labeled, numbered, and sequenced. Please insert bookmarks for each exhibit and ensure that the compiled response is uploaded using the following link:

**Appeals Request Upload link:** <https://www.dropbox.com/request/owwNFFSirPC8ai6OKh25>

**Appeals Fee:**

Upon receipt of the complete request for an appeal, as described above, an electronic invoice in the amount of \$9,500 will be issued. Payment is due upon receipt to initiate the appeal.

**Appeals Brief:**

If an appeals request is received, an upload link will be provided for submitting the appeals brief documentation electronically.

In the event of an appeal, a written statement outlining the grounds for the appeal and supporting documentation must be submitted to the ACCET office within sixty (60) calendar days of receipt of this letter. The documentation should be compiled as a single .pdf file, beginning with the written rationale, followed by the main narrative update, and then the supporting documentation. Each exhibit should be clearly labeled, numbered, and sequenced. Please include bookmarks for each exhibit. If an appeals request is received, an upload link will be provided for submitting the appeals brief documentation electronically.

The appeal process allows for the institution to provide clarification regarding the conditions at the institution at the time the Accrediting Commission made its decision to deny accreditation, which is the last date of the Commission meeting. The appeals panel may only consider whether the Commission's denial of accreditation was supported by the evidence that was before the Commission when it acted. The Panel may not consider evidence that occurred after the date of the Commission action, except as indicated below. The appeal process does not allow for consideration of changes that have been made by or at the institution or new information created or obtained after the Commission's action to deny or withdraw accreditation, except under such circumstances when the Commission's adverse action included a finding of non-compliance with Standard III.A. Financial Stability, whereupon the Appeals Panel may consider, on a one-time basis only, such financial information provided all of the following conditions are met:

- The only remaining deficiency cited by the Commission in support of a final adverse action decision is the institution's failure to meet ACCET Standard III.A. Financial Stability, with the institution's non-compliance with Standard III.A. the sole deficiency warranting a final adverse action.
- The financial information was unavailable to the institution until after the Commission's decision was made and is included in the written statement of the grounds for appeal submitted in accordance with the ACCET appeals process.
- The financial information provided is significant and bears materially on the specified financial deficiencies identified by the Commission.

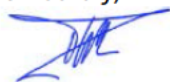
The Appeals Panel shall apply such criteria of significance and materiality as established by the Commission. Further, any determination made by the Appeals Panel relative to this new financial information shall not constitute a basis for further appeal.

The grounds for appeal shall be that the Commission's adverse decision should be reversed as erroneous on the basis of the record before the Commission at the time of the decision. The appeals process does not allow for consideration of changes to the effective date of the decision to deny or withdraw accreditation. Additional evidence, if any, may be submitted in the appeals brief if the original evidence on the record at the time of the Commission's decision was erroneous. After the submission deadline for the written statements of the grounds for appeal and exhibits, no additional written information and/or exhibits may be provided, unless they are received by ACCET at least two weeks prior to scheduled hearing, and the institution can show, to the satisfaction of the Appeals Panel Chair, that such information was not available before the initial submission date and failure to make a timely submission was beyond the institution's control. An exception may be made for information and/or exhibits pertaining to findings of violation of Standard III.A. Financial Stability.

Initial applicants are advised that, in the instance of an appeal following a denial of accreditation, in accordance with ACCET policy, the institution may not make substantive changes to its operations, such as additional programs or sites, until a notice of final action is forwarded by the Commission.

Should you have any questions or need further assistance, please contact the ACCET office at [info@accet.org](mailto:info@accet.org) or 202-955-1113.

Sincerely,



Res Helfer  
Executive Director

RH/lo

cc: Accreditation Group, US ED ([aslrecordsmanager@ed.gov](mailto:aslrecordsmanager@ed.gov))  
Ms. Margaret Harvey, Director ([margaret.harvey@maine.gov](mailto:margaret.harvey@maine.gov))