



**South Carolina Board of  
Long Term Health Care Administrators**

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**ADMINISTRATOR-IN-RESIDENCY PRECEPTOR PERMIT APPLICATION**

**Preceptor Requirements:**

- Currently licensed as a NHA and/or CRCFA in South Carolina (You may only serve as preceptor for an AIR in your area of licensure).
- NHA Preceptors must be licensed three (3) years preceding application date.
- CRCFA Preceptors must be licensed two (2) years preceding application date.
- DUAL Preceptors must be licensed three (3) years preceding application date.
- Have no disciplinary sanctions against any professional license held by the licensee, regardless of state, including but not limited to their SC NHA and/or CRCFA license.
- Be employed as the Administrator of Record in a facility licensed under Department of Public Health regulations.

**APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

License No.: \_\_\_\_\_ Type: ☐ Nursing Home ☐ Community Residential Care ☐ Dual License

**FACILITY INFORMATION**

Facility Name: \_\_\_\_\_ DPH Permit Number: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(If different than above)

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

1. As of the date of this application, are you listed as the Administrator of Record for the above-named facility with the South Carolina Department of Public Health? ☐ Yes ☐ No

**PERSONAL HISTORY QUESTIONS**

Please respond to all questions. If you answer “Yes” to any question, you must attach a written explanation. In addition, if you answer “Yes” to a conviction; you will need to attach a criminal background check from your state of residence (i.e., SLED, etc.) and from the state where the conviction occurred.

1. Since your initial application with the Board, has any licensing agency revoked, suspended, or restricted any occupational or professional license you currently hold, or have held in the past, or otherwise disciplined you? ☐ Yes ☐ No
2. Since your initial application with the Board, have you ever been convicted of, pled guilty, or pled nolo contendere (no contest) to a felony or a crime involving the safety, health, or welfare of a patient or financial misconduct relevant to the practice of long term healthcare administration; or a crime involving drugs, physical violence, fraud or forgery? ☐ Yes ☐ No

3. Do you have any physical or mental disease or condition, including an addiction to drugs or alcohol, that currently interferes with your ability to competently and safely perform the essential functions of practice? (If you have a physical or mental disease or condition that is appropriately being treated and does not currently impair your judgment or otherwise adversely affect your ability to practice, you may answer 'No.')
- ☐ Yes ☐ No

### ELIGIBILITY INFORMATION

The Board is required to verify lawful presence in the United States prior to the issuance of a license. If your immigration status has changed (including, but not limited to, a change in immigration status type, *i.e.* grant of citizenship or change from a visa holder to an asylee, etc.) **or** if you have immigration documentation on file with the Board that expires during the licensing period and you have not yet submitted updated documentation to the Board, you will need to upload an updated [Verification of Lawful Presence form](#). Please include updated supporting documents with your [Verification of Lawful Presence form](#).

Since your initial application with the Board, has there been any change in the status of your lawful presence in the United States?

☐ Yes ☐ No

**If yes**, attach an updated [Verification of Lawful Presence form, found here](#).

The Facility in which the preceptor is currently employed must be appropriately licensed by the S.C. Department of Public Health (SCDPH) in order to become an AIR site. The facility must have clearly defined and staffed departments, each with a designated department head. The administrator may not be the designated department head of any department other than administration.

#### DEPARTMENT

#### NAME OF DEPARTMENT HEAD

|                              |       |
|------------------------------|-------|
| Administration               | _____ |
| Human Resources              | _____ |
| Nursing/Health Care Services | _____ |
| Rehabilitation               | _____ |
| Medical/Resident Records     | _____ |
| Activities                   | _____ |
| Social Services/Admissions   | _____ |
| Business Office              | _____ |
| Dietary                      | _____ |
| Housekeeping/Laundry         | _____ |
| Maintenance/Environmental    | _____ |

## ATTESTATION

I, \_\_\_\_\_, am the person described and identified in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice nursing home administration and/or community residential care facility administration in South Carolina and/or my preceptor permit.

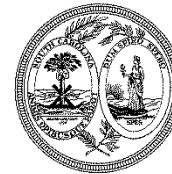
Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PRIVACY DISCLOSURE

Personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.



STATE OF SOUTH CAROLINA  
DEPARTMENT OF LABOR, LICENSING AND REGULATION  
**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES**  
**AFFIDAVIT OF ELIGIBILITY**



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

**Section A: LAWFUL PRESENCE in the United States.**

The undersigned \_\_\_\_\_, of \_\_\_\_\_  
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)  
being first duly sworn deposes and states as follows:

**Check only one box:**

1. ☐ I am a United States citizen; or
2. ☐ I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. ☐ I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. ☐ Other: \_\_\_\_\_ Please submit any documentation that supports this status.

Date of Birth: \_\_\_\_\_

Alien Number: \_\_\_\_\_ I-94 Number: \_\_\_\_\_

**(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)**

**Section B: ATTESTATION.**

**I understand** that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

**I understand** that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

**I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.**

\_\_\_\_\_  
Signature of Affiant

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name

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

My Commission Expires: \_\_\_\_\_

## INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

### **CHECK box 1:**

If you are a United States Citizen by birth or naturalization

### **CHECK box 2:**

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **CHECK box 3:**

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **ACCEPTED IMMIGRATION DOCUMENTS:**

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)