



**COMMUNITY RESIDENTIAL CARE FACILITY ADMINISTRATOR (CRCFA)
ELECTRONIC REQUIREMENTS FOR LICENSURE AND APPLICATION PROCESS
BY ENDORSEMENT OVERVIEW**

Endorsement applicants are actively licensed in another state and have already passed the National Association of Long Term Care Administrator Boards (NAB) CORE Exam and Line of Service Exam: Residential Care and Assisted Living Administrators (RC/AL), and now need to take and pass the South Carolina RC/AL exam.

Licensure Requirements

A person is qualified to receive a Community Residential Care Facility Administrator (“CRCFA”) license by endorsement when the following requirements are met:

- Must be 21 years of age.
- Has not been convicted of any criminal act that is relevant to the practice of community residential care facility administration, including financial misconduct or physical violence.
- Is of reputable and responsible character and is of sound physical and mental health sufficient to perform the duties of a community residential care facility administrator.
- The board may issue a nursing home administrator's license or a community residential care facility administrator's license to a person who holds a current license as a nursing home administrator or community residential care facility administrator from another jurisdiction if the board finds that the standards for licensure in the other jurisdiction are at least the substantial equivalent of those in this State and if the applicant has passed the national and South Carolina portions of the licensure examination and is otherwise qualified.
- Must have passed the National Association of Long Term Care Administrator Boards (NAB) CORE Exam and Line of Service Exam: Residential Care and Assisted Living Administrators (RC/AL).

EDUCATION/WORK EXPERIENCE

Successful completion of one of the following:

- Baccalaureate degree or higher with at least six (6) months on-site work experience under the supervision of a licensed CRCFA. At least one hundred ninety-two (192) hours in supervisory and direct resident care responsibilities;
- Health-related associates degree with at least nine (9) months on-site work experience under the supervision of a licensed CRCFA. At least two hundred eighty-eight (288) hours in supervisory and direct resident care responsibilities;
- Non-health related associates degree, or you are currently a licensed practical nurse (LPN), with at least one (1) year of on-site work experience under the supervision of a licensed CRCFA. At least three hundred eight-four (384) hours in supervisory and direct resident care responsibilities;

- Currently licensed as South Carolina nursing home administrator with two (2) or more years' experience; or
- Holds an active Health Services Executive (HSE) credential from National Association of Long Term Care Administrator Boards (NAB).

CRIMINAL BACKGROUND CHECK [Section 40-35-40\(D\)](#):

An applicant for a license to practice as a Nursing Home and/or Community Residential Care Facility Administrator in South Carolina shall be subject to a criminal history background check as defined in the SC Code of Laws. The Board will send instructions on how to have your fingerprints processed. Do not have the criminal background checks run until you receive the specific process instructions.

EXAMINATION:

Endorsement applicants are required to pass the South Carolina Residential Care and Assisted Living (SC-RC/AL) exam. For the SC-RC/AL exam, a passing scaled score of 38 is required.

Once your application has been approved, you will be emailed instructions on how to register for the exam and where to find study material. The Board will be automatically notified of your scores and will send confirmation and further instructions based on the results of the examinations.

- Applicants who fail to pass the exam may apply to re-take the examination.
- An applicant who has failed the examination three times must petition the Board if the applicant desires to continue pursuing licensure.

Application Process

Your application is good for one (1) year from the date of receipt. If all required information is not received within this one (1) year period, you must begin the application process from the beginning. This includes, but is not limited to, resubmission of the application fee, transcripts, license verifications, etc.

1. Application – In addition to the completed application, the following must also be sent:
 - a. Check or money order only, in the amount of **\$250 (application and license fee)** made payable to Long Term Health Care Administrators Board (Fees are non-refundable). A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds. **NO CASH IS ACCEPTED.**
 - b. Copy of your valid Driver's License, State Issued ID, Military ID, or Passport
 - c. Copy of your Social Security Card
 - d. [Notarized Verification of Lawful Presence](#)
 - e. National Practitioner Data Bank (NPDB) Self-Query Report. Visit the [National Practitioner Data Bank \(NPDB\)](#) to create a personal account and [complete a Self-Query](#).
 - f. Legal documentation for name change (marriage certificate, divorce decree, etc.)
2. Documents to be sent directly to the Board from issuing agency/institution:
 - a. Education Verification: Contact your college/university to request an official copy of your transcript be sent directly to the Board's office. Transcripts will be accepted via email at contact.lthc@llr.sc.gov if sent directly from the school.
 - b. License Verification: Contact the state board(s) where you are currently and/or have been previously-licensed and have the license verification emailed or mailed directly to the Board's office. We will accept a state board issued form. Email directly to contact.lthc@llr.sc.gov

- c. Exam Scores: Proof of passing the National Association of Long Term Care Administrator Boards (NAB) CORE Exam and Line of Service Exam: Residential Care and Assisted Living Administrators (RC/AL), you will need to contact NAB and request your scores be released to the Board.

Applications are processed in the order they are received. You may check your application status by logging in at <https://eservice.llr.sc.gov/SSO/ApplicationStatus/Index>.



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of

Long Term Health Care Administrators

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4544 • Contact.LTHCA@llr.sc.gov • Fax: 803-704-6775

llr.sc.gov/lthc

**COMMUNITY RESIDENTIAL CARE FACILITY ADMINISTRATOR
LICENSURE BY ENDORSEMENT APPLICATION**

Submit the following with your application to the above address:

- Check or money order (no cash) in the amount of **\$250** made payable to LLR-Board of Long Term Health Care Administrators (LTHCA). (The application fee is non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)
- Copy of your valid Driver's License, State-Issued ID, or Passport
- Copy of your Social Security card
- [Notarized Verification of Lawful Presence Form](#)
- [National Practitioner Data Bank \(NPDB\) Self-Query Report](#)
- Documentation of legal name change, if applicable (marriage certificate, divorce decree, etc.)
- [Explanation of Yes Answer Form](#), if applicable
- Proof of HSE credential, if applicable

Have sent to the Board by issuing agency:

- College Transcripts
- License Verification for all current and past licenses held, if applicable
- Score Transfer

APPLICANT INFORMATION

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Have you ever legally changed your name? ☐ Yes ☐ No Prior Name/Alias: _____

If yes, you are required to enclose a copy of the legal document indicating the official change.

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different than above)

Phone: _____ Email Address: _____

Date of Birth: _____ Social Security No.: _____

Gender (For statistical purposes only): ☐ Female ☐ Male

METHOD OF LICENSURE

Applicants must meet one of the following combinations of education and practical experience.

- ☐ Baccalaureate degree or higher with at least six (6) months on-site work experience under the supervision of a licensed CRCFA. At least one hundred ninety-two (192) hours, within the six months, must be in supervisory and direct resident care responsibilities.
- ☐ Health-related associates degree with at least nine (9) months on-site work experience under the supervision of a licensed CRCFA. At least two hundred eighty-eight (288) hours, within the nine months, must be in supervisory and direct resident care responsibilities.
- ☐ Non-health related associates degree, or you are currently a licensed practical nurse (LPN), with at least one year of on-site work experience under the supervision of a licensed CRCFA. At least three hundred eight-four (384) hours, within the one year, must be in supervisory and direct resident care responsibilities.
- ☐ Currently licensed as a South Carolina nursing home administrator with two (2) or more years experience.
- ☐ Hold an active Health Services Executive (HSE) credential from the National Association of Long Term Care Administrator Boards (NAB). Date Qualified: _____ State: _____

EDUCATION

Transcripts must be sent directly to the Board from the college/university and contain the school seal and registrar's signature. Email to: Contact.LTHCA@llr.sc.gov.

College/Technical School: _____ Degree: _____

Date Degree Conferred: _____

College/Technical School: _____ Degree: _____

Date Degree Conferred: _____

EXAM INFORMATION

1. Have you taken and passed the National Association of Long Term Care Administrator Boards (NAB) CORE Exam and/or the Line of Service Exam: Residential Care and Assisted Living Administrators (RCAL) to become a licensed CRCF administrator?

☐ Yes ☐ No

If not, you do not qualify for licensure by endorsement.

PRIOR LICENSURE

Contact the current and/or prior state boards where you are or were previously licensed and have an official license verification sent directly to the Board. Verifications may be emailed directly to the Board at Contact.LTHCA@llr.sc.gov.

State: _____ License type: _____ License No.: _____

State: _____ License type: _____ License No.: _____

State: _____ License type: _____ License No.: _____

PERSONAL HISTORY QUESTION

Answer all the questions below. For each 'Yes' answer, an [Explanation of Yes Answer Form](#) and corresponding documents will need to be submitted.

1. 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. Have you been convicted, pled guilty, or pled nolo contendere (no contest) to a felony, 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

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.

Applicant's Signature: _____ Date: _____

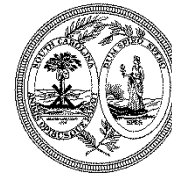
PRIVACY DISCLOSURE

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other 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)