



**COMMUNITY RESIDENTIAL CARE FACILITY ADMINISTRATOR
LICENSURE BY EXAM
REQUIREMENTS AND APPLICATION OVERVIEW**

Exam applicants need to take and pass the National Association of Long Term Care Administrator Boards (NAB) CORE Exam, Line of Service Exam: Residential Care and Assisted Living Administrators (RCAL) and take and pass the South Carolina RCAL exam.

LICENSURE REQUIREMENTS

A person is qualified to receive a Community Residential Care Facility Administrator (CRCFA) license by examination 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; and
- 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;

EDUCATION/WORK EXPERIENCE

Applicants must meet one of the following combinations of education and on-site work experience under a licensed CRCFA:

- 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; or
- Hold an active Health Services Executive (HSE) credential from the 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 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.

EXAMINATIONS

Exam applicants are required to pass the National Association of Long Term Care Administrator Boards (NAB) CORE Exam, Line of Service Exam: Residential Care and Assisted Living Administrators (RCAL), and the SC-RCAL exam. For the NAB CORE and NAB RCAL exams, a passing scaled score of 113 is required, and for the SC-RCAL exam, a passing scaled score of 38 is required.

Once your application has been approved, you will be emailed with 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 any portion of 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 (\$100 application and \$150 license fee)** made payable to the SC Board of Long Term Health Care Administrators (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, or Passport
 - c. Copy of your Social Security Card
 - d. [Notarized Verification of Lawful Presence Form](#)
 - 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. [CRCFA- Employment Training Verification Form](#), if applicable.
 - g. Legal documentation for name change (marriage certificate, divorce decree, etc.), if applicable.
 - h. Validation from NAB of Health Services Executive (HSE) credential, if applicable. This validation can be obtained from the National Association of Long Term Care Administrator Boards (NAB) at <https://www.nabweb.org/home>.
 - i. [Personal History Questions](#): For each "Yes" answer in the Personal History section, a written explanation must be provided. Explanations are to be submitted on the [Explanation Form](#) along with a copy of the corresponding court documents. Additional information may be requested by the Board office or an appearance before the Board may be necessary.
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.LTHCA@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.LTHCA@llr.sc.gov.



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 EXAM APPLICATION**

Submit the following with your application to the above address:

- Check or money order only, in the amount of **\$250 (\$100 application and \$150 license fee)** made payable to the SC Board of Long Term Health Care Administrators (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.**
- Copy of your valid Driver's License, State-Issued ID, Military 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.)
- [CRCFA- Employment Training Verification Form](#), if applicable
- [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, if applicable

APPLICANT INFORMATION

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

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

If yes, attach the supporting legal documentation (marriage certificate, divorce decree, court order).

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

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.

1. Have you ever been or are currently licensed by a Board as a Nursing Home Administrator or Community Residential Care Facility Administrator? ☐ Yes ☐ No

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

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

METHOD OF LICENSURE

Applicants must meet one of the following combinations of education and on-site work experience under a licensed CRCFA.

- ☐ 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: _____

WORK EXPERIENCE

Provide a list of employers who will complete the [CRCFA - Employment Training Verification Form](#) on your behalf. Attach an additional sheet if needed.

Facility: _____ Administrator of Record: _____

Facility: _____ Administrator of Record: _____

Facility: _____ Administrator of Record: _____

EXAM INFORMATION

Applicants that have passed the NAB CORE exam and the NAB Line of Service Exams: RCAL need to apply for CRCFA Licensure by Endorsement.

1. Have you ever taken the National Association of Long Term Care Administrator Boards (NAB) CORE Exam to become a licensed CRCF administrator? ☐ Yes ☐ No

Date taken: _____ Score: _____ Date taken: _____ Score: _____

2. Have you ever taken the Line of Service Exam: Residential Care and Assisted Living Administrators (RCAL) to become a licensed CRCF administrator? ☐ Yes ☐ No

Date taken: _____ Score: _____ Date taken: _____ Score: _____

3. Have you ever taken the South Carolina: Residential Care and Assisted Living Exam (SC RCAL)? ☐ Yes ☐ No

Date taken: _____ Score: _____ Date taken: _____ Score: _____

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 of, 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 community residential care facility administration in South Carolina.

Applicant's Signature: _____ Date: _____

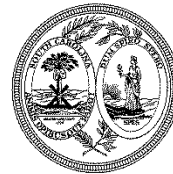
PRIVACY DISCLOSURE

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)



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**COMMUNITY RESIDENTIAL CARE FACILITY ADMINISTRATOR
EMPLOYMENT TRAINING VERIFICATION FORM**

Applicant Name: _____

The above-referenced person has applied for licensure with the South Carolina Board of Long Term Health Care Administrators. To become licensed, an employment training verification form must be completed by the facility's Administrator of Record or another licensed CRCF Administrator at the facility with direct knowledge of the applicant's on-site work experience.

The completed form may be submitted to Contact.LTHCA@llr.sc.gov.

Place of Employment: _____

Address: _____

Type of Facility: _____ Facility Licensed by: _____
Agency or State Board

Facility License No.: _____ Number of Beds: _____

Administrator of Record: _____ CRCF License No.: _____

Phone No.: _____ Email: _____

EXPERIENCE INFORMATION

Applicant's Job Title: _____

Employment Status: ☐ Full-Time ☐ Part-Time Dates of Employment: _____ to _____

1. Did the applicant have supervisory responsibilities? ☐ Yes ☐ No

If yes, number of employees supervised: _____

Direct patient care specific to a resident:

- 1) Hands-on care of physical assistance, including, but not limited to, assistance with activities of daily living (e.g., bathing, dressing, eating, range of motion, toileting, transferring and ambulation); assistance with medical treatments and/or medication administration;
- 2) Assistance with physical or psychosocial assessments; and
- 3) Documentation, if conducted for treatment or care purposes.

2. Did the applicant have direct patient care responsibilities? ☐ Yes ☐ No

3. Indicate the number of on-site work experience hours completed: _____

I hereby affirm that the information provided on this form and any attachments are true and accurate and that I have direct knowledge of the applicant's on-site work experience in direct patient care and supervision.

Signature: _____ Date: _____

Print Name: _____ Title: _____



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EXPLANATION OF “YES” ANSWERS

Name: _____ Phone No.: _____

Email: _____

Explanation of “Yes” answer to Personal History Question no.:

☐ 1 ☐ 2 ☐ 3

Jurisdiction in which the action/event occurred (City, County & State): _____

Any case, file or credential number: _____

Attach all supporting documentation, such as court documentation and disposition, if applicable.

Explanation:

AFFIRMATION

I certify that that all statements, answers and representations made in this form, including all supplementary documents submitted with the form, are true and correct to the best of my knowledge after undertaking due diligence to determine their accuracy. I understand that providing any false, incomplete or misleading information herein is grounds for the denial or revocation of my license or registration in South Carolina.

Signature

Date