



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

**DUAL NURSING HOME & 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 Exams: Nursing Home Administrators (NAB-NHA) and Residential Care and Assisted Living Administrators (NAB-RCAL) and take and pass the South Carolina NHA and RCAL exams.

LICENSURE REQUIREMENTS

A person is qualified to receive a Dual Nursing Home Administrator (NHA) and Community Residential Care Facility Administrator (CRCFA) license 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 nursing home administration or 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 nursing home administrator.

EDUCATION/WORK EXPERIENCE

Practical experience in nursing home administration means full-time employment (36 hours per week) under the on-site supervision by a licensed NHA in a state licensed nursing home. During the on-site supervision by a licensed NHA, the applicant is responsible and accountable for at least a six-month period, in at least two of the following areas:

1. Business and fiscal management.
2. Direct patient care: nursing, physical, occupational or speech therapy, chaplaincy, social work (including admissions and marketing), or activities.
3. Supporting services: dietary, maintenance, engineering, laundry, environmental services, or pharmacy.

Related health care administration means the administration of a facility that provides direct nursing care on a twenty-four-hour basis to people who require health services because of illness, age, or chronic disability. Administration of a community residential care facility or independent living community is not considered related health care administration.

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

- Baccalaureate degree or higher in health care administration or related health care degree from an accredited college/university and one year of practical experience in nursing home administration or related health care administration

PLUS

At least six 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; or

- Baccalaureate degree other than in health care administration from an accredited college/university and two years of practical experience in nursing home administration or related health care administration.

PLUS

At least six months of 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; or

- Health-related associates degree from an accredited college/university and three years of practical experience in nursing home administration or related health care administration.

PLUS

At least nine months of 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.

- 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, and Line of Service Exams: Nursing Home Administrators (NAB-NHA) and the Residential Care and Assisted Living (NAB-RCAL) exam. For the NAB CORE, NAB NHA and NAB RCAL exam, a passing scaled score of 113 is required, and for the SC-NHA and 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 or its designee 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.

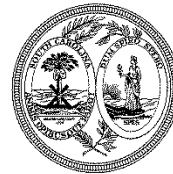
1. Application – In addition to the completed application, the following must also be sent:
 - a. Fee in the amount of **\$455 (\$200 application fee and \$255 license fee)** is due at the end of the application (Fees are non-refundable). A returned check fee of up to \$30, or an amount specified by 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. Legal documentation for name change (marriage certificate, divorce decree, etc.), if applicable.
 - g. [Dual – Employment Training Verification Form](#), 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:

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.



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)



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

**DUAL NURSING HOME ADMINISTRATOR AND
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 Nursing Home and/or 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: _____ Dual 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: _____

NURSING HOME ADMINISTRATOR:

Practical Experience in Nursing Home Administration

The applicant must be responsible and accountable, for at least a period of six months, in at least two (2) of the three (3) areas. Check all that apply:

Business and Fiscal Management

☐ Business and Fiscal management

Direct Patient Care

☐ Nursing ☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy
☐ Activities ☐ Chaplaincy ☐ Social Work (includes admissions and marketing)

Supporting Services

- ☐ Dietary ☐ Maintenance ☐ Environmental Services ☐ Laundry
☐ Pharmacy ☐ Engineering

Or

RELATED HEALTH CARE ADMINISTRATION

- ☐ Administration of a facility that provides direct nursing care on a twenty-four-hour basis who require health services because of illness, age, or chronic disability.
- Administration of a CRCF or an Independent Living Community is not considered related health care administration.
2. Did the applicant complete the required years of practical experience in nursing home administration or related health care administration? ☐ Yes ☐ No
3. Indicate the number of years of practical experience in nursing home administration or related health care administration completed: _____

COMMUNITY RESIDENTIAL CARE FACILITY ADMINISTRATOR:**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.
4. Did the applicant have direct patient care responsibilities? ☐ Yes ☐ No
5. 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: _____



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

www.llr.sc.gov/lthc

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