



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: 803-896-4719

llr.sc.gov/lthc

**REINSTATEMENT OF LICENSURE
REQUIREMENTS AND APPLICATION PROCESS OVERVIEW**

Licensure Requirements

If the license has been lapsed for less than one (1) year, a person is qualified to reinstate a license if the following requirements are met:

- Submission of the attached reinstatement application.
- Payment of license renewal fee and pro-rated penalty fee:

Renewal Fees	
Community Residential Care Facility Administrators	\$150
Nursing Home Administrators	\$175
Dual Nursing Home and Community Residential Care Facility Administrators	\$325

Pro-rated Fees determined by Postmarked date of Application			
July 1-31	\$50 penalty fee	January 1-31	\$225 penalty fee
August 1-31	\$100 penalty fee	February 1-28	\$250 penalty fee
September 1-30	\$125 penalty fee	March 1-31	\$275 penalty fee
October 1-31	\$150 penalty fee	April 1-30	\$300 penalty fee
November 1-30	\$175 penalty fee	May 1-31	\$325 penalty fee
December 1-31	\$200 penalty fee	June 1-30	\$350 penalty fee

- Submission of a completed Statement of Practice Affidavit.
- Submission of Continuing Education documentation for the last licensed renewal period. See Continuing Education Guidelines for license specific requirements, <https://www.llr.sc.gov/lthc/ce.aspx>. If continuing education cannot be attained, a written statement attesting to this must be submitted and an appearance before the Board or re-examination may be required.

If the license has been lapsed for more than one (1) year, a person is qualified for licensure if the following requirements are met:

- Submission of a completed initial application located on the board’s website and payment of application fee;
- Submission of a completed Statement of Practice Affidavit; and
- Either submit the required continuing education hours for each year since the license expired or retake and pass the national and state examinations.
 - See Continuing Education Guidelines for license specific requirements, <https://www.llr.sc.gov/lthc/ce.aspx>



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: 803-896-4719

llr.sc.gov/lthc

LONG TERM HEALTH CARE ADMINISTRATOR REINSTATEMENT APPLICATION

Submit the following with your application to the address above:

- Check or money order only (no cash) made payable to LLR–Board of LTHCA. (All 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.)
• Copy of your valid driver’s license, state issued ID or passport
• Copy of your Social Security card
• Notarized Verification of Lawful Presence (attached)
• Statement of Practice Affidavit (attached)
• Continuing Education documentation, if applicable
• Legal name change documentation, if applicable

Fees:

Reinstatement of lapsed license less than one (1) year: Renewal fee plus pro-rated penalty fee:

Table with 2 columns: License Type, Fee. Rows include Community Residential Care Facility Administrators (\$150), Nursing Home Administrators (\$175), and Dual Nursing Home and Community Residential Care Facility Administrators (\$325).

Table with 4 columns: Month, Penalty Fee, Month, Penalty Fee. Rows show pro-rated fees for months from July to December, ranging from \$50 to \$350.

Licensure Type: [] NHA [] CRCF [] Dual

PERSONAL INFORMATION

Name: _____ License No.: _____

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

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

Phone: _____ Email Address: _____

Date of Birth: _____ Social Security No.: _____

EMPLOYMENT

Primary Facility Name: _____ Phone No.: _____

Street Address: _____ City: _____ State: _____ Zip: _____
(PO Box not accepted)

Work Schedule						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Is the facility licensed for: 10 beds or less More than 10 beds

Are you the Administrator of a facility? Yes No

Secondary Facility Name: _____ Phone No.: _____

Street Address: _____ City: _____ State: _____ Zip: _____
(PO Box not accepted)

Work Schedule						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Is the facility licensed for: 10 beds or less More than 10 beds

Are you the Administrator of a second facility? Yes No

CONTINUING EDUCATION

Applicants must attach proof of compliance with continuing education for the last period of licensure.

	NHA	CRCFA	DUAL
Active License	20 CE Hours	18 CE Hours	29 CE Hours
	No more than half of your CE hours may be obtained online (NHA 10, CRCF 9, Dual 15). Online courses must be approved by the National Association of Long Term Care Administrator Boards (NAB).		

Have you met the CE requirement for the last licensed renewal period? Yes No

PERSONAL HISTORY QUESTIONS

Answer the following questions. A detailed letter of explanation or updated documentation must be submitted for any "Yes" answers.

1. Since your license lapsed, have you engaged in practice as an administrator in South Carolina? Yes No

2. Since your initial application or since your last renewal of your license with the Board, have you been issued a final disciplinary order or entered into a Consent Agreement that includes a fine, probation, suspension, revocation or any restriction on the authorization to practice by the South Carolina Board of Long Term Health Care Administrators or any professional licensing board or any agency in this state or any other state or jurisdiction? Yes No

3. Since your initial application or since your last renewal of your license with the Board, 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, or a crime involving drugs? Yes No

If yes, submit a statewide background check from the state in which the incident took place along with court documentation and disposition.

4. Do you currently have a mental or physical disability or addiction to alcohol, drugs or controlled substances to such a degree that may render further practice as a nursing home administrator or community residential care facility administrator dangerous to the public or the patients of the nursing home or community residential care facility?

If you are enrolled in the South Carolina Recovering Professional Program and are in full compliance with that program, you may answer "No" regarding the portion of the question regarding addiction.

Yes No

ATTESTATION

I hereby swear and affirm that the information contained in this license reinstatement application is, to the best of my knowledge, complete and accurate. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license.

Signature: _____ Date: _____

DISCLAIMER

South Carolina Law requires the agency collect personal information which is only disseminated as required by law. 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 your renewal application and other documents on file, 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. In order to better protect the information you provide, please provide the Department with the following information that may be released to the public upon request: a public mailing address, a public email address and a public telephone number.

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.



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: 803-896-4596

llr.sc.gov/lthc

STATEMENT OF PRACTICE AFFIDAVIT

For all application for reinstatement, a complete Statement of Practice Affidavit must be included with the application.

Since the lapse of my license, I attest to the following:

I have not engaged in the practice as an administrator in South Carolina

I have engaged in the practice as an administrator in South Carolina

Name of Facility: _____

Dates of Practice: _____

Explanation of Unlicensed Practice: _____

Signature of Applicant

Date

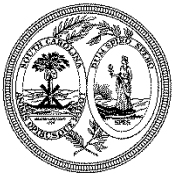
Sworn and Subscribed before me this _____ day of _____, 20_____

Notary Signature

Print Name

Notary Public for the State of: _____

Commission Expiration: _____



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)