



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.llr@llr.sc.gov • Fax: 803-896-4515

www.llronline.com/POL/LongTermHealthCare/



**COMMUNITY RESIDENTIAL CARE FACILITY ADMINISTRATOR REQUIREMENTS AND
INSTRUCTIONS FOR NURSING HOME ADMINISTRATORS IN SOUTH CAROLINA**

EXAM REQUIREMENTS:

Upon approval of the application for community residential care facility Administrator applicant is required to take **the national and state examinations** to become licensed in South Carolina.

Board staff will send qualified applicants, by mail or email, the Examination Approval Notice. This notice provides instructions on how to register for the examination(s).

The applicant will have thirty days as stated in the approval letter to register for the national and/ or state exam with NAB. Upon registering for the exam, an ATT (Authorization to Test letter) will be e-mailed to the applicant with instructions on setting up the test dates for the examination(s). The applicant will be given a 60 day window with the expiration date to take the examination(s)

The Board will receive exam results electronically from NAB (National Association of Boards of Long Term Health Care Administrators) within two weeks after the applicant takes the examination(s). The exam report will be sent to the applicant electronically or by mail.

Community Residential Care Facility Administrator

- The **national examination** for Community Residential Care Facility Administrators consists of 150 multiple-choice questions. The national exam is based on the National Association of Boards of Long Term Health Care Administrators study guide material. **The RC/AL Study Guide** can be ordered from the NAB website at <http://www.nabweb.org/all-topics> Publication order form.
- The **state exam** for Community Residential Care Facility Administrators consists of 50 multiple-choice questions. The state exam is based on **S.C. Regulation 61-84, Standards for Licensing Community Residential Care Facilities** established by the Department of Health and Environmental Control-Division of Health Licensing. Please contact DHEC at (803)545-4370 for the regulation book or go to www.scdhec.gov.
- **Examination fees are set by the National Association of Boards for Long Term Care Administrators:** National and SC State \$500 National only \$325 SC State only \$190
- The examinations are administered on computer at PSI Testing Centers throughout the United States.

CRIMINAL BACKGROUND CHECK (CBC):

A person applying to become an administrator must undergo a state fingerprint review to be conducted by the State Law Enforcement Division and a federal fingerprint review to be conducted by the Federal Bureau of Investigation. The Board may deny an applicant for certain crimes.

Results must be received before your application is reviewed. Your results will only be kept on file for three months. A complete application must be submitted to the Board to avoid reprocessing of your fingerprints. See Criminal Background Check Notice.

CHARACTER REFERENCE FORMS:

Submit three character references (cannot be related by blood, marriage or employer/supervisor. Forms can be mailed by person given the reference or by applicant. A link to be formed may be emailed to the reference, this link can be found at:

<http://llronline.com/POL/LongTermHealthCare/index.asp?file=pub.htm>.

APPLICATION INFORMATION:

Include with your application:

- Check or money order (no cash) in the amount of \$100 made payable to LLR-Board of Long Term Health Care Administrators. 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.
- Three Character Reference Forms (You or the reference may submit.)

Your application is **valid for one year** from the date of the application.

You may check the status of your application online by visiting the Board's website at <http://llronline.com/POL/LongTermHealthCare/> and select **Application Status**.



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**COMMUNITY RESIDENTIAL CARE FACILITY ADMINISTRATOR
LICENSURE APPLICATION FOR NURSING HOME ADMINISTRATORS IN
SOUTH CAROLINA**

Include with your application:

- Check or money order (no cash) in the amount of \$100 made payable to LLR-Board of Long Term Health Care Administrators. 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.
- Three Character Reference Forms (You or the reference may submit.)

APPLICANT INFORMATION

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

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

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

Phone: _____ Cell Number: _____

Email Address: _____ Social Security No.: _____

Date of Birth: _____ Race: _____ Gender: Female Male
(for statistical purposes only)

Employer Business Name: _____ Phone: _____

Business Address: _____

Have you ever legally changed your name including marriage or divorce? Yes No
If yes, you are required to enclose a copy of the legal document indicating the official change.

CHARACTER REFERENCES

Please supply the names and addresses of three character references (cannot be related by blood, marriage or employer/supervisor). Forms can be mailed by person given the reference or by applicant. Make note of the reference number and referrer's name listed for when you check your application status later.

Reference 1.

Name: _____ Phone: _____

Address: _____
Street, City, State, Zip

Reference 2.

Name: _____ Phone: _____

Address: _____
Street, City, State, Zip

Reference 3.

Name: _____ Phone: _____

Address: _____
Street, City, State, Zip

PRIOR/ OUT-OF-STATE / OTHER TYPES OF LICENSURE

1. Have you ever been licensed by the SC Board of LTHCA as a Nursing Home Administrator or Community Residential Care Facility Administrator?

YES NO

a) If yes, list most recent period of licensure and license number: _____

PERSONAL HISTORY QUESTION

If you answer yes, attach a detailed explanation.

1. Have you ever been convicted of or pled guilty or nolo contendere to any felony, or crime of moral turpitude or a crime involving financial misconduct, drugs, or physical violence? (You may exclude juvenile court convictions and pardoned crimes.)

YES NO

2. Do you currently have any physical, mental, or emotional condition that might interfere with your ability to competently and safely perform the essential functions of practice as a long term health care administrator?

YES NO

3. Have you ever been disciplined by a state licensure board?

YES NO

CERTIFICATION

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: _____

Sworn to and subscribed me this _____ day of _____, 20_____.

Notary Signature: _____

Print Notary Name: _____

Notary Public for the State of: _____

SEAL

Commission Expiration Date: _____

Once the Board has received your application, you may check the status of it by logging in at:
<https://eservice.llr.sc.gov/SecurePortal/Login.aspx?ReturnUrl=%2fSecurePortal%2fIndex.aspx>

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.