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/

REACTIVATION OF RETIRED ADMINISTRATORS LICENSE APPLICATION

For Board Use Only	
License#	
Check #	
Issued	
Amount paid	

Include with your application:

Reactivation fee: NHA $175 CRCF $150 Dual $325

Check or money order (no cash) in the above amount made payable to LL-Board of LTHCA. 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.

Please circle license type NHA CRCF Dual

NAME_____ LICENSE NUMBER _____

MAILING ADDRESS_____

CITY_____STATE_____ZIPCODE_____

HOME ADDRESS_____

CITY_____STATE_____ZIPCODE_____

EMAIL ADDRESS_____

SOCIAL SECUIRTY NUMBER _____-____-_____

CONTINUING EDUCATION

93-150(D) Retired License

Administrators who have put their license in retired status and wish to reactive their license are required to submit the following along with this application:

1. Proof of six (6) hours of continuing education during the previous twelve (12) months.
2. Proof of an additional fourteen (14) hours of continuing education within 90 days of the license being activated or the license will automatically be replaced in the retired status and the licensee must immediately cease and desist any work in a nursing home or community residential care facility in the State.

CURRENT EMPLOYMENT INFORMATION (PRIMARY EMPLOYER)

Facility Name						Phone Number
Street Address(P O not Accepted)			City		State	Zip code
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

Facility Name						Phone Number
Street Address(P O not Accepted)			City		State	Zip code
Work Schedule						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Is the facility licensed for: ☐ 10 beds or less ☐ More than 10 beds						

When you provide a check as payment, you authorize us to use information from the check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction. You authorize us to collect a fee through electronic fund transfer from your account if your payment is returned unpaid. Please provide the following on your check: Drivers License#; Full Name; Street Address and Phone Numbers.

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.

I hereby swear and affirm that the information contained in this 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_____