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/

NURSING HOME ADMINISTRATOR PROVISIONAL REQUIREMENTS AND INSTRUCTIONS

EXAM REQUIREMENTS:

Upon approval of the application for nursing home 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.

Nursing Home Administrator

- The **national examination** for Nursing Home 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 NHA Study Guide** can be ordered from the NAB web site http://www.nabweb.org/all-topics.

- The **state exam** for Nursing Home Administrators consists of 50 multiple-choice questions. The state exam is based on **S.C. Regulation 61-17, Standards for Licensing Nursing Homes** 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 $550 National only $375 SC State only $190

- The examinations are administered on computer at Prometric Testing Centers throughout the United States.

RECIPROCITY INFORMATION:

South Carolina does not issue a reciprocal license to out-of-state licensed administrators. However, Nursing Home Administrators from out-of-state who have already passed the national examination may have their score transferred to the South Carolina Board from the state of original licensure by completing the Endorsement Licensure Questionnaire.

PROVISIONAL INSTRUCTIONS

A **Provisional license** may be issued provided that the applicant meets the pre-examination requirements and completes the steps for the application and examination process beginning with Step 1. The provisional license fee is **separate** from the application fee. An applicant **will pay the $500 provisional license fee after receiving notice that the application has been approved.** A Provisional license will be issued upon receipt of the fee. A provisional license will **expire 90 days** from issue or upon the issue of an initial license, whichever occurs first.

A Provisional license is issued in the event of an unexpected vacancy caused by the death or departure of an administrator, or similar event.

The owner of the facility must submit a letter requesting the applicant be appointed the administrator which states all of the following:

1. The need for a provisional license;
2. The name of the appointed administrator;
3. The date of the appointment and;
4. A specific request that the board issue a provisional license to the named administrator.

If the provisional administrator does not pass both the national and South Carolina state examinations, the facility must obtain the services of a consultant administrator for a minimum of sixteen (16) hours per month until the applicant passes the exam(s). The consultant administrator must have a minimum of two years of experience operating a facility. If the applicant fails the examination(s) the second time, the provisional license will be terminated **thirty days** after the applicant is notified of the examination score(s). If any applicant fails to present themselves for the examination(s), the provisional license will terminate at the close of business on the day of the examination(s).

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.

EMPLOYMENT REFERENCE FORM:

Fill out your name on the employment reference form (pdf) and email to your current or former employers to have completed and submitted to the Board. A link for this form may be found at: http://llronline.com/pol/longtermhealthcare/pdf/Employment_Reference_Form.pdf.

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 form may be emailed to the reference, this link can be found at:
http://llronline.com/pol/longtermhealthcare/pdf/Character_Reference_Form.pdf.

APPLICATION INFORMATION:

Payment information and forms to upload:

- $200 may be remitted via Visa, Mastercard, or E-check.
  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.

- Copy of your valid Driver's License, State Issued ID, Passport or Military ID
- Copy of your social security card
- Three Character Reference Forms (You or the reference may submit.)

Have submitted directly to the Board office address above from the issuing agent:

- Criminal Background Check
- College Transcripts
- License Verification, if applicable
- Score Transfer, if applicable
- Employment Reference Form (For each employer)
  - Must have job description attached

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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Criminal Background Check (CBC) Instruction Sheet

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 Section 40-35-40 of the SC Board of Long Term Health Care Administrator Statutes.

This process requires you to furnish a full set of fingerprints and additional information required to enable a criminal history background check to be conducted by the State Law Enforcement Division (SLED) and the Federal Bureau of Investigation (FBI). These services are provided by IdentoGO Centers and are operated by MorphoTrust USA.

Residents of South Carolina should go online to schedule for fingerprinting services: http://www.identogo.com/FP/SouthCarolina.aspx or call (866) 254-2366 for assistance in scheduling. Scheduling services will provide detailed information of forms of identification that will be required. Please make sure you select the ORI Number/code: **SCBDNRCAZ -** Long Term Health Care. Board staff cannot provide you with a copy of your background results. To receive a detailed background report for your records, you may request this information from SLED at www.sled.sc.gov and click on Criminal records Check. You may also contact the FBI at www.fbi.gov/about-us/cjis/identity-history-summary-checks.

If you are a non-resident of South Carolina and do not reside in an area near South Carolina, please follow the **Non-Resident Card Scan Processing Procedures** below.

Non-Resident Card Scan Processing Procedures

For applicants that reside out of South Carolina who wish to use the IdentoGO/Morpho Trust USA Centers, you may use these centers that are located in South Carolina only. If an applicant does not reside near South Carolina, they must complete and submit the fingerprint cards by following the directions below. This program utilizes advanced scanning technology to convert a traditional fingerprint card (hard card) into an electronic fingerprint record. The section below details the procedures for submitting fingerprints to the MorphoTrust card scan department. Applicant should contact IdentoGO/MorphoTrust (866-254-2366) to verify the current fee to submit.

- Applicants should obtain a set of fingerprints from a local law enforcement agency or other entity that provides fingerprinting services. These fingerprint cards may be either traditional ink rolled fingerprints or electronically captured and printed fingerprint cards.
- Fingerprints may be submitted on FBI applicant cards. The applicant may call or email the SC Board of Long Term Health Care Administrators to have the FBI applicant cards mailed to them. Phone: 803-896-4544 or email: **contactllr@llr.sc.gov**. **Due to agency specific information, MorphoTrust USA does not provide fingerprint cards to applicants.**
- Applicant should ensure the fingerprint cards are completely filled out. Required information includes:

ORI Number: **SCBDNRCAZ - Long Term Care**

- Full Name
- Home Address
- Place of Birth (State or Country Only)
- Citizenship
- Social Security Number
- Date of Birth
- Sex, Height, Weight, Hair Color and Eye Color
- Reason fingerprinted-Nursing Home Administrator and or Community Residential Care Administrator License

- Mail the fully completed card and applicable fee (Include full name of applicant on the check) to:

MORPHOTRUST USA, ATTN: SC Card Scan, 3051 HOLLIS DR SUITE 310, Springfield, IL 62704

Follow-up calls and questions on the processing of a fingerprint card should be made directly to IdentoGO/MorphoTrust at (866) 254-2366 and speak to a customer service representative.

PRE-EXAMINATION REQUIREMENTS FOR LICENSURE - NURSING HOME ADMINISTRATORS (NHA)

SC Code of Law 40-35-40 Qualifications and Requirements

The Board shall issue a nursing home administrator license to a person who submits evidence satisfactory to the board that the person:

1. Is at least 21 years of age;

2. Has not been convicted of any criminal act that is relevant to the practice of nursing home administration, including financial misconduct or physical violence;

3. Be of reputable and responsible character and is of sound physical and mental health sufficient to perform the duties of a nursing home administrator;

4. Has a baccalaureate or higher degree in health care administration or a health care degree from an accredited college or university and **one year of practical experience** in nursing home administration or related health care administration (see definitions below); or

5. Has a baccalaureate degree other than in health care administration from an accredited college or university and **two years of practical experience** in nursing home administration or related health care administration; or

6. Has a health related associate degree from an accredited college or university and **three years of practical experience** in nursing home administration or related health care administration.

SC Code of Law 40-35-20 Definitions

Related Health Care Administration means the administration of a facility that provides direct nursing care on a twenty-four hour basis to persons who require health services because of illness, age, or chronic disability. Administration of a Community Residential Care Facility or Independent Living Community is not accepted as related health care administration.

Practical experience in Nursing Home Administration means a minimum fulltime employment (minimum of 36 hours per week) under the on-site supervision by a licensed Nursing Home Administrator in a state licensed nursing home. The number of years of experience required is dependent on educational preparation as delineated in 93-70. During the onsite supervision by a licensed Nursing Home Administrator, the applicant shall be responsible and accountable, of at least a period of six months, in at least two of the following areas:

1. Business and fiscal management.

2. A direct patient, such as nursing, physical, occupational or speech therapy, chaplaincy, social work (includes Admissions and marketing), activities;

3. A supporting service such as dietary, maintenance, engineering, laundry, environmental services, or Pharmacy.

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LTHC SIGNATURE AFFIDAVIT

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: _____

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: _____

Rev: 02-02-2015

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)