



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](mailto:Contact.LTHCA@llr.sc.gov) • Fax: 803-896-4515

[llr.sc.gov/lthc](http://llr.sc.gov/lthc)

**NAME OR ADDRESS CHANGE REQUEST FORM**

**Submit the following with your application to the above address:**

- Check or money order, in the amount of \$25 made payable to Long Term Health Care Administrators Board (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.**
- Legal documentation of name change (i.e. marriage license, court order, or divorce decree)

**License No.:** \_\_\_\_\_ **Name on License:** \_\_\_\_\_

**Name be change to:** \_\_\_\_\_

**Contact Update:** *(if no change, please leave blank)*

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Certificate Reprint**

If you wish to receive a reissued certificate, complete the section below and mail in form with a check or money order in the appropriate amount. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.

	Quantity	Cost per document	Total
Reissued Certificate		\$25.00	
Record Change Fee			\$25.00
<i>Total Amount Enclosed</i>			

\*You can print a copy of the pocket card only at no charge by clicking on “Print copy of your license” at <http://www.llr.sc.gov/lthc>.