



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: 803-896-4515

llr.sc.gov/lthc

Reactivation of Inactive Administrators Application

Submit the following with your application to the above address:

- Check or money order only 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.**

Reactivation Fees: NHA \$40 CRCFA \$35 Dual \$75

- Documentation of required Continuing Education.
 - Per Board Regulations 93-150(E), licensees wishing to reactivate from inactive status must provide proof of annual continuing educational requirements for each year that the license was inactive. *Only half of CE hours may be obtained online. Courses must be Board approved or approved by NAB.*

Annual Continuing Education Hours: NHA - 20 CRCFA – 18 Dual - 29

LICENSEE INFORMATION:

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

License Number: _____ Type: NHA CRCFA Dual

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

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

Phone: _____ Email Address: _____

CURRENT EMPLOYMENT:

Primary Facility Name: _____ Dates of Employment: _____

Facility Address: _____

Email: _____ Phone: _____

Secondary Facility Name: _____ Dates of Employment: _____

Facility Address: _____

Email: _____ Phone: _____

PERSONAL HISTORY QUESTION:

Answer all the questions below; you are required to include a written statement with your application for any questions marked “Yes”. If you answer “Yes” to a conviction; you will need to attach a criminal background check from your state of residence (i.e., SLED, etc.) and from the state where the conviction occurred.

- 1. Are you currently employed as the Administrator for a licensed facility 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 a crime involving drug or more turpitude? Yes No
- 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 or 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
- 5. Since your initial application or since your last renewal of your license with the Board, has there been any change in your name? (You must provide a copy of legal documents indicating change, if not previously provided.) Yes No
- 6. Since your initial application or since your last renewal of your license with the Board, has there been any change in the status of your lawful presence in the United States. Yes No

ATTESTATION:

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: _____

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.