



**South Carolina Department of Labor, Licensing and Regulation  
South Carolina Board of**

**Long Term Health Care Administrators**

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

**2019 LONG TERM HEALTH CARE ADMINISTRATOR RENEWAL APPLICATION**

**RENEWAL INSTRUCTIONS:**

- Submit a check or money order only in the amount of the renewal fee made payable to **The Board of LTHCA**. Fee is non-refundable. **NO CASH IS ACCEPTED**. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
- If you have had a legal name change since your initial licensure or since your last renewal, please attach the legal documentation with this renewal form (Marriage Certificate, divorce decree, court documentation).

For Board Use Only	
Check #	
Issued	
Amount paid	

**PLEASE NOTE:**

- Your license expired on June 30, 2019. Late renewals must be submitted with renewal fee plus late fee payment listed below. **Additionally, documentation of completed CEs between July 1, 2018 to June 30, 2019 and practice statement of your work activity since June 30, 2019 must accompany renewal and payment.** Incomplete renewals will not be processed.

July 1-31, 2019	\$50 late fee	January 1-31, 2020	\$225 late fee
August 1-31, 2019	\$100 late fee	February 1-29, 2020	\$250 late fee
September 1-30, 2019	\$125 late fee	March 1-31, 2020	\$275 late fee
October 1-31, 2019	\$150 late fee	April 1-30, 2020	\$300 late fee
November 1-30, 2019	\$175 late fee	May 1-31, 2020	\$325 late fee
December 1-31, 2019	\$200 late fee	June 1-30, 2020	\$350 late fee

- No late notices will be mailed.
- Administrators may not practice as an administrator with a lapsed license per SC Code of Law 40-35-45(B).

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Licensure Type:  NHA  CRCF  Dual I am applying for:  ACTIVE STATUS  INACTIVE STATUS

Renewal Fees	Active	Inactive
Community Residential Care Facility Administrators	\$150	\$115
Nursing Home Administrators	\$175	\$135
Dual Nursing Home and Community Residential Care Facility Administrators	\$325	\$250

**Personal Information**

Contact Update (if no change, please leave blank)

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

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

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

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

**The information listed below is required. Failure to complete it will result in a delay in renewal of your license. If you answer "Yes" to a question below, a detailed letter of explanation, must be submitted.**

1. 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
  
2. 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
  
3. Do you currently have a mental or physical disability or addition 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
  
4. 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
  
5. 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 since  YES  NO

**EMPLOYMENT**

Primary Facility Name					Phone Number	
Street Address(PO Box not Accepted)				City	State	Zip code
<b>Work Schedule</b>						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Is the facility licensed for: <input type="checkbox"/> 10 beds or less <input type="checkbox"/> More than 10 beds						
<b>Are you the Administrator of a facility?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO						

Secondary Facility Name					Phone Number	
Street Address(PO Box not Accepted)				City	State	Zip code
<b>Work Schedule</b>						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Is the facility licensed for: <input type="checkbox"/> 10 beds or less <input type="checkbox"/> More than 10 beds						
<b>Are you the Administrator of a second facility?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO						

**CONTINUING EDUCATION**

	<b>NHA</b>	<b>CRCFA</b>	<b>DUAL</b>
<b>Active License</b>	20 CE Hours	18 CE Hours	29 CE Hours
	<i>No more than half of your CE hours may be obtained online (NHA 10, CRCF 9, Dual 15). Online courses must be approved by the National Association of Long Term Care Administrator Boards (NAB).  Unused CE courses maybe carried forward in their entirety from the previous license year.</i>		
	<b>NHA</b>	<b>CRCFA</b>	<b>DUAL</b>
<b>Active License – Pro-rated</b> (Based on initial licensure date beginning 4/1/18)	Apr. – Sept.: 20 CE Hrs Oct. – Dec.: 15 CE Hrs Jan. – Mar.: 10 CE Hrs	Apr. – Sept.: 18 CE Hrs Oct. – Dec.: 14 CE Hrs Jan. – Mar.: 10 CE Hrs	Apr. – Sept.: 29 CE Hrs Oct. – Dec.: 22 CE Hrs Jan. – Mar.: 15 CE Hrs
<b>Inactive License</b>	<i>None required for renewals</i>		

**Do not submit any CEU documentation to the Board’s office. The Board will not maintain copies of your CEU documentation. A random audit will be conducted at the end of the renewal period requiring proof of CEU’s completed. Applications submitted after June 30, 2018, must submit CE documentation and statement of practice activity since lapsed date.**

1. Have you met the CE requirement from July 1, 2018 through June 30, 2019?  YES  NO

I hereby swear and affirm that the information contained in this license renewal 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 \_\_\_\_\_

**DISCLAIMER**

*“South Carolina Law requires the agency collect personal information which is only disseminated as required by law. 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 your renewal application and other documents on file, 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. In order to better protect the information you provide, please provide the Department with the following information that may be released to the public upon request: a public mailing address, a public email address and a public telephone number.”*