



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: 803-896-4596

llr.sc.gov/lthc

**2020-2021 LONG TERM HEALTH CARE ADMINISTRATOR RENEWAL APPLICATION**

**Renewal Instructions/Requirements:**

- Check or money order only in the amount of the renewal fee made payable to LLR–Board of LTHCA.  
(All 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.)
- Your license expires on **June 30, 2020**; however renewals are being extended through **September 30, 2020**. Annual renewal application and fee must be postmarked by the Post Office on or before **September 30, 2020**. License is lapsed after **September 30, 2020**. Applications postmarked after September 30, 2020 will incur late penalty fee(s) in addition to the renewal fee.

FOR BOARD USE ONLY	
Check No.	
Issued	
Amount Paid	

July 1-31, 2020	\$0 late fee	January 1-31, 2021	\$150 late fee
August 1-31, 2020	\$0 late fee	February 1-29, 2021	\$175 late fee
September 1-30, 2020	\$0 late fee	March 1-31, 2021	\$200 late fee
October 1-31, 2020	\$50 late fee	April 1-30, 2021	\$225 late fee
November 1-30, 2020	\$100 late fee	May 1-31, 2021	\$250 late fee
December 1-31, 2020	\$125 late fee	June 1-30, 2021	\$275 late fee

- **No renewals will be accepted after June 30, 2021.** No late notices will be mailed.
- **Continuing Education: Documentation of completed CEs between July 1, 2019 to September 30, 2020 and practice statement of your work activity since June 30, 2020 must accompany renewal and payment. Incomplete renewals will not be processed.**
- 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).
- Administrators may not practice as an administrator with a lapsed license per SC Code of Law 40-35-45(B).

**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

Name: \_\_\_\_\_ License No.: \_\_\_\_\_

**PERSONAL INFORMATION**

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

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

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

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

**EMPLOYMENT****Primary Facility Name:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
(PO Box not accepted)

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 facility?** ☐ Yes ☐ No**Secondary Facility Name:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
(PO Box not accepted)

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**CONTINUING EDUCATION**

	NHA	CRCFA	DUAL
<b>Active License</b>	20 CE Hours	18 CE Hours	29 CE Hours
	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.		
	NHA	CRCFA	DUAL
<b>Active License – Pro-rated</b> (Based on initial licensure date beginning 4/1/19)	Apr. – Sept.: 20 CE Hours Oct. – Dec.: 15 CE Hours Jan. – Mar.: 10 CE Hours	Apr. – Sept.: 18 CE Hours Oct. – Dec.: 14 CE Hours Jan. – Mar.: 10 CE Hours	Apr. – Sept.: 29 CE Hours Oct. – Dec.: 22 CE Hours Jan. – Mar.: 15 CE Hours
<b>Inactive License</b>	None required for renewals.		

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 CEUs completed. Applications submitted after September 30, 2020, must submit CE documentation and statement of practice activity since lapsed date. Additionally, documentation of completed CEs between July 1, 2019 to September 30, 2020 and practice statement of your work activity since June 30, 2020 must accompany renewal and payment. Incomplete renewals will not be processed.

Have you met the CE requirement from July 1, 2019 through September 30, 2020? ☐ Yes ☐ No**PERSONAL HISTORY QUESTIONS**

Answer the following questions. A detailed letter of explanation or updated documentation must be submitted for any "Yes" answers.

- 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 drugs or moral turpitude. ☐ Yes ☐ No
3. 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
4. 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 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.