



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)

**Dual Licensure Application:  
Nursing Home and Community Residential Care Facility Administrator**

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

- Check or money order only, in the amount of \$200 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.**
- Copy of your valid Driver's License, State Issued ID, Passport
- Copy of your Social Security Card
- Three (3) Character Reference Forms
- Employment Reference Form for each employer
- Current Credit Report
- Provisional License Request Letter, if applicable.

**Have sent to the Board by issuing agency:**

- College Transcripts
- License Verification, if applicable
- Score Transfer, if applicable

**Check One:**

- ☐ Applying by Exam (You need to take the National Exam)
- ☐ Applying by Endorsement (You are actively licensed in another state and passed the National Exam.)

**APPLICANT INFORMATION:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

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

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

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

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Gender: ☐ Female ☐ Male

Have you ever been known by any other surname? ☐ Yes ☐ No

If yes, list names: \_\_\_\_\_

## EDUCATION

Transcripts must contain the School seal and registrar's signature.

### College/Technical School:

School: \_\_\_\_\_

Location (city/state or country): \_\_\_\_\_

Degree: \_\_\_\_\_

Date of Attendance/ Date Degree Awarded: \_\_\_\_\_

### College/Technical School:

College/School: \_\_\_\_\_

Location (city/state or country): \_\_\_\_\_

Year Graduated: \_\_\_\_\_

Year Degree Awarded: \_\_\_\_\_

### Administrator-In-Training Program (if applicable):

AIT Participant #: \_\_\_\_\_

AIT Completion Date: \_\_\_\_\_

Preceptor's Name: \_\_\_\_\_

Preceptor's License #: \_\_\_\_\_

## EMPLOYMENT HISTORY:

List administration employment in chronological order. An Employer Reference Form must be submitted for each listed position.

Facility Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor License #: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor License #: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor License #: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor License #: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## CHARACTER REFERENCES:

Character References cannot be related by blood, marriage or employer/supervisor. A Character Reference Form must be submitted for each listed person.

### Reference 1

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, State, Zip

### Reference 2

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, State, Zip

### Reference 3

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, State, Zip

## CERTIFICATION:

Have you ever been licensed by the SC Board of LTHCA as a Nursing Home Administrator or Community Residential Care Facility Administrator? ☐ Yes ☐ No

- If yes, list most recent period of licensure and license number: \_\_\_\_\_

List **any** types of professional licensure you have held in this or any other state. License verification must be submitted for each licenses listed.

License Type: \_\_\_\_\_ State: \_\_\_\_\_ License No.: \_\_\_\_\_

Date licensed: \_\_\_\_\_ Status: \_\_\_\_\_  
(active, lapsed, disciplined, etc.)

License Type: \_\_\_\_\_ State: \_\_\_\_\_ License No.: \_\_\_\_\_

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(active, lapsed, disciplined, etc.)

License Type: \_\_\_\_\_ State: \_\_\_\_\_ License No.: \_\_\_\_\_

Date licensed: \_\_\_\_\_ Status: \_\_\_\_\_  
(active, lapsed, disciplined, etc.)

License Type: \_\_\_\_\_ State: \_\_\_\_\_ License No.: \_\_\_\_\_

Date licensed: \_\_\_\_\_ Status: \_\_\_\_\_  
(active, lapsed, disciplined, etc.)

## EXAM INFORMATION:

Have you ever taken and passed the National Examination to become a licensed administrator in another state? ☐ Yes ☐ No

- If yes, list state and examination date: \_\_\_\_\_

If your license verification does not include your exam information, you will need to contact the NAB and have the score transferred to the SC Board of LTHC.

## 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. Has any licensing agency revoked, suspended, or restricted your occupational or professional license or otherwise disciplined you? ☐ Yes ☐ No
2. Have you ever been convicted of or pled guilty or nolo contendere to a felony of any kind or to a non-felony crime involving drugs or moral turpitude? (You may exclude juvenile or expunged crimes.) ☐ Yes ☐ No
3. Do you have a mental or physical impairment or addiction that would prohibit you from safely practicing as a facility administrator? ☐ 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.