



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

Endorsement Licensure Questionnaire

This form should be sent to **ALL States** in which you hold a Nursing Home Administrator License. The Form should be completed by the State Board and returned to the above address.

NAME: _____

PHONE: (____) _____ EMAIL: _____

LICENSE:

License Number: _____ State: _____

Date Issued: _____ Date Expires: _____

If this is not the state of original licensure, was license through reciprocity/endorsement? YES NO

From what state? _____

Status of License: ACTIVE INACTIVE EXPIRED

Exam: NAB PES OTHER _____

Score: Raw _____ Scale _____ Date of Exam _____ State _____

Was an AIT/Practicum successfully completed? YES NO

If yes, length of AIT/Practicum: _____

Has the applicant ever been disciplined by the Board or had his/her license restricted or placed on probationary status? YES NO

Has applicant ever voluntarily surrendered his/her license? YES NO

If yes, please explain: _____

Is there any investigation or disciplinary action pending? YES NO

Individual Completing Form: _____ State: _____

Title: _____ Date: _____

Telephone Number: _____ (____) _____

State Seal Required