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: 803-896-4719
llr.sc.gov/lthc

NURSING HOME ADMINISTRATOR (NHA) REQUIREMENT FOR LICENSURE AND APPLICATION PROCESS OVERVIEW

Licensure Requirements

A person is qualified to receive a certificate of licensure if the following requirements are met:

- Must be 21 years of age
- Submission of a completed application and payment of licensure fee(s).
- Must meet one of the following combinations of education and practical experience in nursing home administration*:
    - Baccalaureate or higher degree in health care administration or health care degree from an accredited college/university and one year of practical experience in nursing home administration or related health care administration**; or
    - Baccalaureate degree other than in health care administration from an accredited college/university and two years of practical experience in nursing home administration or related health care administration**; or
    - Health related associate degree from an accredited college/university and three years of practical experience in nursing home administration or related health care administration**.
- Pass the National Association of Boards of Long Term Health Care Administrators (NAB) CORE Exam and Line of Service Exam: Nursing Home Administrators
- Pass the NHA State Exam
- Submission of a Board specified Criminal Background Check and current Credit Report

*Practical experience in nursing home administration: minimum fulltime employment (36 hours per week) under the on-site supervision by a licensed NHA in a state licensed nursing home. Applicants must be responsible and accountable, of at least a period of six months, in at least two of the following areas:

1. Business and fiscal management
2. Direct patient care: nursing, physical, occupational or speech therapy, chaplaincy, social work (includes admissions and marketing), or activities
3. Supporting services: dietary, maintenance, engineering, laundry, environmental services, or pharmacy

**Related health care administration: administration of a facility that provides direct nursing care on a twenty-four hour basis to persons who require health services because of illness, age, or chronic disability. Administration of a community residential care facility or independent living community is not accepted.

Application Process

Your application is good for one (1) year from the date of receipt. If all required information is not received within this one (1) year period; you must begin the application process from the beginning. This includes, but is not limited to, the application fee, transcripts, license verifications, etc.

1. Application – In addition to the completed application, the following must also be sent:
    a. 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
    b. Copy of your valid Driver's License, State Issued ID, or Passport
    c. Copy of your Social Security Card
    d. Three (3) Character Reference Forms
    e. Employment Reference Forms for each employer

f. Current Credit Report
g. Provisional License Request Letter, if applicable***
h. Legal documentation for name change (marriage certificate, divorce decree, etc.)
i. Notarized Verification of Lawful Presence

2. Documents to be sent directly to the Board from issuing agency/institution
    a. Education Verification: Contact your college/university to request an official copy of your transcript be sent directly to the Board office. Transcripts may be accepted via email or mail. Unsealed transcripts submitted with applications will not be accepted.
    b. License Verification: Contact the state board(s) where you are currently or have been previously licensed with and have the verification mailed directly to the Board office. We will accept a state board issued form.
    c. Exam Scores: If you have passed the National Association of Boards of Long Term Health Care Administrators (NAB) CORE Exam and Line of Service Exam: Nursing Home Administrators, you will need to contact NAB and request your scores be released to the Board.

3. Criminal Background Check: All applicants must undergo a state fingerprint review. Upon receipt of application, you will be issued instructions regarding the fingerprint process.

4. Examinations: All applicants are required to pass the NAB CORE, NAB NHA and NHA SC exams. Once your application has been approved, you will be emailed instructions on how to register for the exam and where to find study material. For the NAB CORE and NAB NHA exams, a passing scaled score of 113 is required and for the NHA SC exam, a passing scaled score of 38 is required. Applicants who fail to pass any portion of the exam may apply to re-take the examination once. An applicant who has failed the examination twice must petition the Board if he desires to pursue licensure. The Board will be automatically notified of your scores and will send confirmation and further instructions.

5. Initial Licensure Fee: After submission of a completed application and passage of all required examinations, an initial licensure fee is required before permanent licensure can be issued. Applicant will be sent an invoice that can be paid via the online payment system or mailed into the Board.

*****Provisional Licensure**

In the event an unexpected vacancy caused by the death or departure of an administrator, or similar event, the Board may issue a provisional license to an applicant meeting the pre-examination licensure requirements. In addition to meeting initial licensure requirements, applicants must submit a letter from the owner of the facility requesting the applicant be appointed the administrator and including:

1. The need for a provisional license;
2. The name of the appointed administrator;
3. The date of appointment and;
4. A specific request that the board issue a provisional license to the named administrator.

Upon receipt of completed application and payment of application and provisional license fee, a provisional license will be issued. Provisional licenses expire 90 days from issue or upon the issue of an initial license, whichever occurs first.

If the provisional administrator does not pass both the national and South Carolina state examinations, the facility must obtain the services of a consultant administrator for a minimum of sixteen (16) hours per month until the applicant passes the exam(s). The consultant administrator must have a minimum of two years of experience operating a facility. If the applicant fails the examination(s) the second time, the provisional license will be terminated thirty days after the applicant is notified of the examination score(s). If any applicant fails to present themselves for the examination(s), the provisional license will terminate at the close of business on the day of the examination(s).

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NURSING HOME ADMINISTRATOR LICENSURE APPLICATION

Submit the following with your application to the above address:

- Check or money order (no cash) in the amount of $200 made payable to LLR-Board of Long Term Health Care Administrators (LTHCA).
  (The application fee is non-refundable. A returned check fee of up to $30, or an amount specified by law, **may** be assessed on all returned funds.)
- Copy of your valid Driver's License, State Issued ID or 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.
- Documentation of legal name change, if applicable (marriage certificate, divorce decree, etc.)

Have sent to the Board by issuing agency:

- College Transcripts
- License Verification for all current and past licenses held, 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:_____

Have you ever legally changed your name? ☐ Yes ☐ No Prior Name/Alias: _____
If yes, you are required to enclose a copy of the legal document indicating the official change.

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
(for statistical purposes only)

Have you ever been known by any other surname? ☐ Yes ☐ No If Yes, list names: _____

EDUCATION
Transcripts must be sent directly to the Board from the college/university and 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 No.: _____ AIT Completion Date: _____

Preceptor's Name: _____ Preceptor's License No.: _____

EMPLOYMENT HISTORY
List nursing home facility employment in chronological order. An Employer Reference Form must be submitted for each listed position.

Facility Name: _____ Dates of Employment: _____

Supervisor: _____ Supervisor License No.: _____

Facility Address: _____

Email: _____ Phone: _____

Facility Name: _____ Dates of Employment: _____

Supervisor: _____ Supervisor License No.: _____

Facility Address: _____

Email: _____ Phone: _____

Facility Name: _____ Dates of Employment: _____

Supervisor: _____ Supervisor License No.: _____

Facility Address: _____

Email: _____ Phone: _____

Facility Name: _____ Dates of Employment: _____

Supervisor: _____ Supervisor License No.: _____

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 or are currently 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. Only license verifications for Long Term Care license must be submitted directly to the Board from the issuing agency.

License Type: _____ State: _____ License No.: _____

Date Licensed: _____ Status: _____
(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.)

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".

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? (You may exclude juvenile or expunged crimes. A certified court disposition must be included with your written statement.) ☐ Yes ☐ No

3. Do you have a mental or physical impairment or addiction that would prohibit you from safely practicing as a nursing home administrator? ☐ Yes ☐ No

*****OPTIONAL: PROVISIONAL LICENSE INFORMATION*****

In the event of an unexpected vacancy caused by death, departure of the administrator, or similar event, the Board may issue a provisional license to an applicant meeting the pre-examination licensure requirements. **If you are seeking a provisional license, complete the below section and submit a letter from the owner of the facility.**

Facility Name: _____ Dates of Intended Appointment: _____

Facility Owner Name: _____

Facility Address: _____

Email: _____ Phone: _____

Per Regulations 93-130(B), a letter must accompany the application for provisional licensure. Letter must be from the owner of the facility or an officer of the facility's board of directors. The letter must include the following:

1. The need for a provisional license;
2. The name of the appointed administrator;
3. The date of the appointment;
4. A specific reason that the Board issue a provisional license to the named administrator.

Failure to submit the letter will result in the Provisional request being denied.

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.

STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION

VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY

Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. ☐ I am a United States citizen; or
2. ☐ I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. ☐ I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. ☐ Other:_____Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number:_____ I-94 Number: _____

(**If you checked number 2, 3, or 4 you must attach a copy of your immigration documents**. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

_____
Signature of Affiant

SWORN to before me this_____day of_____, 20_____

_____
Notary Signature

_____
Print Name

Notary Public for _____

My Commission Expires: _____

Rev: 02-02-2015

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:
If you are a United States Citizen by birth or naturalization

CHECK box 2:
If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.
PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:
If you are a Qualified Alien. You are a Qualified Alien if you are:
An alien who is lawfully admitted for residence under the INA.
An alien who is granted asylum under Section 208 of the INA.
A refugee who is admitted to the United States under Section 207 of the INA.
An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.
An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).
An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.
An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.
PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:
Unexpired Reentry Permit (I-327)
Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)
Unexpired Refugee Travel Document (I-571)
Unexpired Employment Authorization Card Which Contains a Photograph (I-766)
Machine Readable Immigrant Visa (with Temporary I-551 Language)
Temporary I-551 Stamp (on passport or I-94)
I-94 (Arrival/Departure Record) in Unexpired Foreign Passport
I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)
DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)

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CHARACTER REFERENCE

- **3 References are required as part of the application process.**
- **References cannot be related by blood or marriage and cannot be an employer or supervisor.**

Applicant's Name: _____

Dates of Association (length of time): _____

How have you been associated with the applicant? _____

Based on your knowledge of the applicant, would you recommend him/her for employment as a long term health care administrator? ☐ Yes ☐ No

Describe the applicant's **moral character and fitness** to work as a long term care administrator. (Attach additional comments on a separate sheet.)

Full Name of Reference (Print): _____

Address: _____
Street City State Zip Code

Phone No.: (_____) _____

Day hours you can be reached: _____

Signature: _____ Date: _____

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EMPLOYMENT REFERENCE – NURSING HOME ADMINISTRATOR APPLICATION

Applicant's Name: _____

The above referenced person has applied for licensure with the South Carolina Board of Long Term Healthcare Administrators. In order for the applicant to become licensed, an employment reference form must be completed by all places of employment. Timely completion of this form is requested. Completed form may be submitted to the Board via email, fax or mailed to the address listed above.

Place of Employment: _____

Address: _____

Type of Facility: _____ Facility Licensed by: _____

Facility License No.: _____ Number of Beds: _____

Licensed Administrator: _____ NHA License Number: _____

Phone No.: _____ Email: _____

Applicant's Job Title: _____ Applicant's Supervisor: _____

Dates of Employment: _____ to _____ Number of Employees Supervised: _____

PRACTICAL EXPERIENCE IN NURSING HOME ADMINISTRATION
The applicant must be responsible and accountable, for at least a period of six months, in at least two (2) of the three (3) areas below. Check all that apply:

1. Business and Fiscal Management Area
   ☐ Finances ☐ Business Office

2. Direct Patient Care Area
   ☐ Nursing ☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy
   ☐ Activities ☐ Chaplaincy ☐ Social Work (Admissions and Marketing)

3. Supporting Services Area
   ☐ Dietary ☐ Maintenance ☐ Environmental Services ☐ Pharmacy
   ☐ Laundry ☐ Engineering

DOCUMENTATION OF FULL TIME EMPLOYMENT HOURS

The applicant must have worked full-time employment, with a minimum of thirty-six (36) hours each week, under the on-site supervision by a licensed nursing home administrator in a state-licensed nursing home facility.

1. Period(s) of full-time employment: _____ to _____

   _____ to _____

   _____ to _____

2. Shift(s) applicant worked during full-time employment: _____

3. Total number of full-time hours worked during peak hours (7 a.m. to 7 p.m.), answer 7(a) or 7(b).

   a. Employment of 12 months or less: _____

   b. Total number of hours worked per week: _____

   c. Employment of more than one year, list total hours per year:

      Year: _____ Hours: _____

      Year: _____ Hours: _____

      Year: _____ Hours: _____

4. Number of staff applicant supervised during full-time employment: _____

_____

QUESTIONNAIRE ***(Completed by the Supervising Licensed Nursing Home Administrator or Authorized Person for Licensed Facility)***

1. Was/Is the applicant's job performance satisfactory? ☐ Yes ☐ No

   Comments: _____

   _____

   _____

2. Would you be willing to rehire the applicant if a vacancy existed? ☐ Yes ☐ No

   Comments: _____

3. Based on your knowledge of this applicant and/or personnel records, would you recommend applicant for employment as a Nursing Home Administrator? ☐ Yes ☐ No

   Comments: _____

   _____

   _____

4. Were/Are you the applicant's immediate supervisor? ☐ Yes ☐ No

   If No, what is the basis of your familiarity with applicant's job performance? _____

   _____

5. Describe the work skills and attributes that the applicant has demonstrated that would enhance their work as a Nursing Home Administrator:

REQUIRED: Attach a detailed description of areas of responsibility and company job description.

I hereby affirm that the information provided on this form and any attachments are true and accurate and I am the authorized person to provide this information by this employer.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Email: _____ Phone: _____