



KENTUCKY BOARD OF LICENSURE FOR LONG-TERM CARE ADMINISTRATORS

P.O. Box 1360, Frankfort, KY [Kentucky] 40602 ~ 500 Mero Street [944 Leewood Drive],
Frankfort, KY [Kentucky] 40601

(502) 892-4255 [564-3296 Extension 226] ~ <http://ltca.ky.gov>

[1/2014]

APPLICATION FOR RENEWAL

Form KBLTCA-3

| | |
|---|----------|
| <input type="checkbox"/> RENEWAL FEE: | \$125.00 |
| <input type="checkbox"/> LATE RENEWAL FEE : | \$200.00 |
| <input type="checkbox"/> INACTIVE FEE: | \$75.00 |
| License Number: _____ | |
| License Expires: ____/____/____ MM / DD / YYYY | |

In accordance with KRS Chapter 216A and regulations governing this profession, you are required to renew your license every two (2) years with the submission of this form* and pay either a renewal fee of **\$125.00** or an inactive license fee of \$75.00 by check or money order made payable to the **Kentucky State Treasurer. DO NOT SEND CASH. The fee for renewals received during the 60 day grace period is \$200.00.** Any license that is not renewed by the end of the grace period will be terminated, and you must immediately CEASE AND DESIST; an inactive license may be reactivated in accordance with KRS Chapter 216A.

PLEASE COMPLETE THE FOLLOWING:

1. Note changes **only** if different from above:

Name: _____

Address: _____

2. Present Business (**REQUIRED**)

Name: _____

Address: _____

3. Home Phone () _____ Business Phone () _____

4. Social Security Number: ____-____-____ 5. E-Mail Address: _____

6. Have you been convicted of a felony or misdemeanor since the last renewal of your license? () No () Yes
If yes, what offense and give details:

7. Has your license to be a Long-Term Care Administrator in KY or any other state been subject to disciplinary action? () No () Yes If yes, give details and submit necessary documentation to the board for review.

☐ RENEWING LICENSEE AFFIDAVIT

I, the licensee named in the above, do certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Kentucky Board of Licensure for Long-Term Care Administrators.

I have completed _____ hours of continuing education since my last renewal. I understand that, at the Board's request, I may be asked to submit information that supports this statement.

Applicant's Signature _____
(Sign your name - Do not print or type) (Date)

OR

☐ INACTIVE LICENSEE AFFIDAVIT

I, the licensee named in the above, do certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Kentucky Board of Licensure for Long-Term Care Administrators.

I understand that I am not to practice a Long-Term Care Administrator in Kentucky while my license remains on inactive status.

Applicant's Signature _____
(Sign your name - Do not print or type) (Date)

*You may also renew online at <http://ltca.ky.gov> under "online renewal."