



# KENTUCKY BOARD OF LICENSURE FOR LONG-TERM CARE ADMINISTRATORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601  
(502)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."