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.llr@llr.sc.gov • Fax: 803-896-4515
www.llronline.com/POL/LongTermHealthCare/

Nursing Home Administrators and Community Residential Care Facility Administrators Notification of Employment Form

This form must be completed and returned to the Board of Pharmacy when a NHA changes employment.

Personal information provided in this application may be subject to public scrutiny or release under the S.C. Freedom of Information Act or other provisions of federal and state law.

(Please print information)

Information

Name: _____

South Carolina License Number _____ Last 4 digits of SSN#_____

New Employer Information

Name of Facility_____ Facility License#:_____

Address: _____ Start Date: _____

City _____ State_____ Zip_____ Phone ( ) _____

Work schedule: Mon_____ Tues._____ Wed._____ Thurs._____ Fri._____ Sat._____ Sun_____

Previous Employer Information:

Name of Facility_____ Facility License#:_____

Address: _____ Start Date: _____ End Date_____

City _____ State_____ Zip_____ Phone ( ) _____

Additional Places of Employment:

Name of Facility: _____ Facility License#: _____

Address: _____ Start Date: _____ End Date: _____

City _____ State _____ Zip _____ Phone ( ) _____

Work Schedule: Mon_____ Tues._____ Wed._____ Thurs._____ Fri._____ Sat._____ Sun_____