



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/



ADMINISTRATOR IN TRAINING CANDIDATE LETTER

Thank you for requesting information regarding the South Carolina Board of Long Term Health Care Administrators (LTHCA) Administrator-In-Training (AIT) program. This program is an attempt to help satisfy the growing demand for qualified nursing home administrators through the provision of a standardized, work-based training program.

Throughout the program, the AIT candidate will work under the direct supervision of a Board approved preceptor (supervising NHA) to develop specific professional competencies while obtaining invaluable experience in an approved long term care facility. Successful completion of the program enables the AIT to apply for licensure as a nursing home administrator, foregoing the qualifying work experience required by the South Carolina Code of Regulations, Chapter 93.

The South Carolina Board of LTHCA has established provisions for admission to the AIT program. The requirements are as follows:

- AIT candidates must have earned a baccalaureate degree from an accredited college or university or must be enrolled in a course of study which will award such a degree on completion.
- For AIT candidates with a baccalaureate degree in health care administration, the duration of an AIT internship shall be six months.
- For AIT candidates with a baccalaureate degree other than health care administration, the duration of an AIT internship shall be nine months.

An AIT candidate must register with the Board of LTHCA by completing the enclosed Administrator-In-Training Application and submitting the non-refundable **\$25.00 registration fee**. Upon approval, the Board shall issue an AIT training permit to the applicant valid for one year. If the AIT program is terminated by either the preceptor or AIT, the permit is immediately invalid.

The AIT candidate must next select a preceptor from the list of Board approved preceptors, which will be enclosed with the training permit. It is the responsibility of the AIT candidate to contact the preceptor to determine if the preceptor will accept the AIT. **There is no guarantee that each one is presently available to agree to a training program depending upon each of their current nursing facility operations. Due to various internal and external factors, there will be periods of time when a preceptor is unable to commit to training an AIT. It may take up to a year to find a preceptor to train you.** Following acceptance of the AIT by the preceptor, an Administrator-In-Training Preceptor Agreement must be completed and submitted for Board approval

The AIT Program is structured in accordance with the National Association of Boards of Examiners for Long Term Care Administrators, 1996 Domains of Practice. Those Domains are Administration, Personnel, Business Office, Rehabilitation, Nursing, Dietary, Social Services/Admissions, Activities, Medical Records, Housekeeping and Laundry, and Maintenance/Environmental Management. Curriculum standards and requirements are set forth in the AIT Program Guidelines, which will be provided for the AIT candidate when the training permit is issued.



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ADMINISTRATOR-IN-TRAINING APPLICATION

Include with your application:

- Check or money order (no cash) in the amount of \$25 made payable to LL-Board of LTHCA. 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, Passport or Military ID
- Copy of your social security card
- Sealed college transcript(s)

For Board Use Only	
Permit#	
Check #	
Issued	
Amount paid	

APPLICANT INFORMATION:

NAME: _____ SEX: M F

LAST FIRST MIDDLE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: () - BUSINESS PHONE: () -

EMAIL ADDRESS _____ DATE OF BIRTH: / /

SOCIAL SECURITY NO: _____

QUESTIONNAIRE

1. Are you currently licensed as an administrator in another state? If YES, list state and license number. _____

2. Is the license currently active and in good standing? If NO, attach a detailed explanation.

3. Have you ever been disciplined by a state licensure board? If YES, attach a detailed explanation.

4. Have you ever taken an examination to become a licensed administrator in another state? If YES, list state and examination date. _____

5. Have you ever been licensed in any other professional field(s)? If YES, list the type of license, license number and licensing agency. _____

EDUCATION

COLLEGES AND UNIVERSITIES ATTENDED:

NAME and LOCATION OF SCHOOL	WHEN ATTENDED FROM - TO	<u>MAJOR</u> FIELD OF STUDY	<u>MINOR</u> FIELD OF STUDY	DEGREE RECEIVED	MONTH/YEAR GRADUATED

****SEALED TRANSCRIPTS FOR EACH UNIVERSITY OR COLLEGE MUST BE SUBMITTED.**

WORK HISTORY

Begin with present job (or most recent if not currently employed) then work backward. Be sure to include all long term care experience. Attach extra sheets if necessary.

COMPANY NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER (BUSINESS HOURS): (_____) _____ - _____

JOB TITLE: _____ DATES WORKED FROM: _____ TO: _____

DUTIES and RESPONSIBILITIES: _____

SUPERVISOR'S NAME AND TITLE: _____

COMPANY NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER (BUSINESS HOURS): (_____) _____ - _____

JOB TITLE: _____ DATES WORKED FROM: _____ TO: _____

DUTIES and RESPONSIBILITIES: _____

SUPERVISOR'S NAME AND TITLE: _____

ADDITIONAL LONG TERM CARE EXPERIENCE: _____

AFFIDAVIT

I, _____, am the person described and identified, of good moral character, and the person named in all documents presented in 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 of admission to the Administrator-in-Training Program under the Board of Long Term Health Care Administrators.

Applicant's Signature _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20_____

Signature of Notary Public _____

My Commission Expires _____

Seal Required Here



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: _____

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)