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/

ADMINISTRATORS-IN-TRAINING FACILITY APPLICATION

FACILITY NAME: _____

ADDRESS: _____

CITY: _____STATE:_____ZIP:_____

MAILING ADDRESS: _____

CITY: _____STATE:_____ZIP:_____

TELEPHONE NUMBER: (_____) _____

The facility must have clearly defined and staffed departments, each with a designated department head. This administrator may not be the designated department head of any department other than administrator.

DEPARTMENT	NAME OF DEPARTMENT HEAD
Administrator	_____
Nursing	_____
Dietary	_____
Social Services and Actives	_____
Medical Records	_____
Housing, Maintenance and Laundry	_____

DATE OF LATEST LICENSURE SURVEY: _____
***Attach a copy of the latest licensure survey and the plan of correction for any deficiencies.

DATE OF LATEST CERTIFICATION SURVEY: _____
***Attach a copy of the latest certification survey and the plan of correction for any deficiencies.

AFFIDAVIT

I _____, am the administrator for the facility described and identified in this application. I have carefully read the questions in the forgoing 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 as an approved facility to the Administrator-in-Training Program under the Board of Long Term Health Care Administrators.

Administrator's Signature: _____ Date: _____

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

Signature of Notary Public: _____

My Commission Expires: _____ **Seal Required Here**