



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of

Long Term Health Care Administrators

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llr.sc.gov/lthc

**NHA ADMINISTRATOR-IN-TRAINING PERMIT RENEWAL
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.

For Board Use Only	
Permit#	
Check #	
Issued	
Amount paid	

APPLICANT INFORMATION:

NAME: _____ Permit# _____

LAST

FIRST

MIDDLE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ - _____ BUSINESS PHONE: (____) _____ - _____

EMAIL ADDRESS _____

WORK HISTORY

List jobs held since your previous AIT Application was submitted

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