



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.LTHCA@llr.sc.gov • Fax: 803-896-4515

llr.sc.gov/lthc

CHARACTER REFERENCE

- **3 References are required as part of the application process.**
- **References cannot be related by blood or marriage and cannot be an employer or supervisor.**

Applicant's Name: _____

Dates of Association (length of time): _____

How have you been associated with the applicant? Yes No

Based on your knowledge of the applicant, would you recommend him/her for employment as a long term health care administrator? Yes No

Describe the applicant's **moral character and fitness** to work as a long term care administrator. (Attach additional comments on a separate sheet.)

Full Name of Reference (Print): _____

Address: _____
Street City State Zip Code

Phone Number: (____) _____

Day hours you can be reached: _____

Signature: _____

Date: _____