



South Carolina Department of Labor, Licensing and Regulation
**South Carolina Board of
 Long Term Health Care Administrators**
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 P.O. Box 11329 • Columbia • SC 29211-1329
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 llr.sc.gov/lthc

**DUAL NURSING HOME ADMINISTRATOR AND COMMUNITY RESIDENTIAL CARE
 FACILITY ADMINISTRATOR
 EMPLOYMENT TRAINING VERIFICATION FORM**

Applicant Name: _____

The above-referenced person has applied for licensure with the South Carolina Board of Long Term Health Care Administrators. To become licensed, an employment training verification form must be completed by the facility's Administrator of Record or another licensed Nursing Home and/or CRCF Administrator at the facility with direct knowledge of the applicant's on-site work experience.

The completed form may be submitted to Contact.LTHCA@llr.sc.gov.

Place of Employment: _____

Address: _____

Type of Facility: _____ Facility Licensed by: _____
Agency or State Board

Facility License No.: _____ Number of Beds: _____

Administrator of Record: _____ **Dual License No.:** _____

Phone No.: _____ Email: _____

EXPERIENCE INFORMATION

Applicant's Job Title: _____

Employment Status: Full-Time Part-Time Dates of Employment: _____ to _____

1. Did the applicant have supervisory responsibilities? Yes No

If yes, number of employees supervised: _____

NURSING HOME ADMINISTRATOR:

Practical Experience in Nursing Home Administration

The applicant must be responsible and accountable, for at least a period of six months, in at least two (2) of the three (3) areas. Check all that apply:

Business and Fiscal Management

Business and Fiscal management

Direct Patient Care

Nursing Physical Therapy Occupational Therapy Speech Therapy
 Activities Chaplaincy Social Work (includes admissions and marketing)

Supporting Services

