



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: 803-896-451
llr.sc.gov/lthc

Licensure Verification Form

This form should be sent to **ALL States** in which you hold a Long Term Care Administrator License. The Form should be completed by the State Board and returned to the above address. The SCLTHCA Board will accept a state issued license verification; however, it must contain the NAB Score on it.

LICENSEE NAME: _____ LAST 4 OF SSN: _____

LICENSE NUMBER: _____ ISSUING STATE: _____

DATE OF INITIAL ISSUE: _____ EXPIRATION DATE: _____

LICENSURE CATEGORY: NURSING HOME COMMUNITY RESIDENTIAL/ASSISTED LIVING

STATUS OF LICENSE: ACTIVE INACTIVE RETIRED EXPIRED

LICENSURE ATTAINED BY: EXAMINATION RECIPROCITY (list state): _____

EXAMINATION: NAB: NAB CORE LINE OF SERVICE - NHA LINE OF SERVICE - RC/AL
 PES OTHER: _____

Was an AIT Program/Practicum completed for licensure: YES NO

If YES: Length of AIT Program/Practicum: _____

Has the Board ever issued any disciplinary action, restrictions, or probationary status against the licensee? YES NO

Explanation: _____

Has the licensee ever voluntarily surrendered their license? YES NO

Explanation: _____

Is there any current investigations or disciplinary actions pending against the license? YES NO

Explanation: _____

Individual Completing Form: _____ State: _____

Title: _____ Date: _____

Phone: _____

(State Seal Required)