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South Carolina
Department of Labor, Licensing and Regulation

Board of Long Term
Health Care Administrators



Henry D. McMaster
Governor

Emily H. Farr
Director

www.llronline.com/POL/LongTermHealthCare

*****THIS SECTION DOES NOT INCLUDE THE ACTUAL
APPLICATION*****

The documents indicated in this section are the required supporting documents to **accompany the online application.**

You **must complete** either the Online Application, #2; **or** scroll to Paper Applications and select the appropriate application.



South Carolina Department of Labor, Licensing and Regulation

**South Carolina Board of
Long Term Health Care Administrators**

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EMPLOYMENT REFERENCE – NURSING HOME ADMINISTRATOR APPLICATION

Applicant's Name: _____

The above referenced person has applied for licensure with the South Carolina Board of Long Term Healthcare Administrators. In order for the applicant to become licensed, an employment reference form must be completed by all places of employment. Timely completion of this form is requested. Completed form may be submitted to the Board via email, fax or mailed to the address listed above.

Place of Employment: _____

Address: _____

Type of Facility: _____ Facility Licensed by: _____

Facility License No.: _____ Number of Beds: _____

Licensed Administrator: _____ NHA License Number: _____

Phone No.: _____ Email: _____

Applicant's Job Title: _____ Applicant's Supervisor: _____

Dates of Employment: _____ to _____ Number of Employees Supervised: _____

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 below. Check all that apply:

1. Business and Fiscal Management Area

- Finances Business Office

2. Direct Patient Care Area

- Nursing Physical Therapy Occupational Therapy Speech Therapy
 Activities Chaplaincy Social Work (Admissions and Marketing)

3. Supporting Services Area

- Dietary Maintenance Environmental Services Pharmacy
 Laundry Engineering

DOCUMENTATION OF FULL TIME EMPLOYMENT HOURS

The applicant must have worked full-time employment, with a minimum of thirty-six (36) hours each week, under the on-site supervision by a licensed nursing home administrator in a state-licensed nursing home facility.

- 1. Period(s) of full-time employment: _____ to _____
_____ to _____
_____ to _____

- 2. Shift(s) applicant worked during full-time employment: _____

- 3. Total number of full-time hours worked during peak hours (7 a.m. to 7 p.m.), answer 7(a) or 7(b).
 - a. Employment of 12 months or less: _____

 - b. Total number of hours worked per week: _____

 - c. Employment of more than one year, list total hours per year:
Year: _____ Hours: _____
Year: _____ Hours: _____
Year: _____ Hours: _____

- 4. Number of staff applicant supervised during full-time employment: _____

QUESTIONNAIRE (Completed by the Supervising Licensed Nursing Home Administrator or Authorized Person for Licensed Facility)

- 1. Was/Is the applicant’s job performance satisfactory? Yes No
Comments: _____

- 2. Would you be willing to rehire the applicant if a vacancy existed? Yes No
Comments: _____

- 3. Based on your knowledge of this applicant and/or personnel records, would you recommend applicant for employment as a Nursing Home Administrator? Yes No
Comments: _____

- 4. Were/Are you the applicant’s immediate supervisor? Yes No
If No, what is the basis of your familiarity with applicant’s job performance? _____

5. Describe the work skills and attributes that the applicant has demonstrated that would enhance their work as a Nursing Home Administrator:

REQUIRED: Attach a detailed description of areas of responsibility and company job description.

I hereby affirm that the information provided on this form and any attachments are true and accurate and I am the authorized person to provide this information by this employer.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Email: _____ Phone: _____