



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: 803-704-6775

llr.sc.gov/lthc

**NURSING HOME 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 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 is by: _____
Agency or State Board

Facility License No.: _____ Number of Beds: _____

Administrator of Record: _____ NHA 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: _____

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

Dietary Maintenance Environmental Services Laundry
 Pharmacy Engineering

Or

RELATED HEALTH CARE ADMINISTRATION

- Administration of a facility that provides direct nursing care on a twenty-four-hour basis who require health services because of illness, age, or chronic disability.
 - Administration of a CRCF or an Independent Living Community is not considered related health care administration.

- 2. Did the applicant complete the required years of practical experience in nursing home administration or related health care administration?

Yes No

Indicate the number of years of practical experience in nursing home administration or related health care administration completed: _____

I hereby affirm that the information provided on this form and any attachments are true and accurate and that I have direct knowledge of the applicant's on-site work experience in direct patient care and supervision.

Signature: _____ Date: _____

Print Name: _____ Title: _____