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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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P.O. Box 11329 • Columbia • SC 29211-1329

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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? _____

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 No.: (____) _____

Day hours you can be reached: _____

Signature: _____ Date: _____