



South Carolina Department of Labor, Licensing and Regulation

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

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EXPLANATION OF “YES” ANSWERS

Name: _____ Phone No.: _____

Email: _____

Explanation of “Yes” answer to Personal History Question no.:

☐ 1 ☐ 2 ☐ 3

Jurisdiction in which the action/event occurred (City, County & State): _____

Any case, file or credential number: _____

Attach all supporting documentation, such as court documentation and disposition, if applicable.

Explanation:

AFFIRMATION

I certify that that all statements, answers and representations made in this form, including all supplementary documents submitted with the form, are true and correct to the best of my knowledge after undertaking due diligence to determine their accuracy. I understand that providing any false, incomplete or misleading information herein is grounds for the denial or revocation of my license or registration in South Carolina.

Signature

Date