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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](http://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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[llr.sc.gov/lthc](http://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)