



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 • 29210
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llr.sc.gov/lthc

ADMINISTRATOR-IN-TRAINING PRECEPTOR APPLICATION

Preceptor Requirements:

- Currently licensed in South Carolina
- NHA Preceptors must be licensed three years preceding application date
- CRCFA Preceptors must be licensed two years preceding application date in a facility with at least 24 beds
- Have no disciplinary sanctions against the license
- Employed as the administrator of record in a facility licensed under DHEC regulations

APPLICATION INFORMATION

Last Name: _____ First: _____ Middle: _____ Suffix: _____

License No.: _____ Type: Nursing Home Community Residential Care Dual

Facility Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different from above)

Phone: _____ Email: _____

EMPLOYMENT HISTORY

List employment in chronological order (most recent listed first), for prior 5 years.

Company Name: _____ Dates of Employment: _____

Supervisor: _____ Supervisor Title: _____

Business Address: _____

Email: _____ Phone: _____

Company Name: _____ Dates of Employment: _____

Supervisor: _____ Supervisor Title: _____

Business Address: _____

Email: _____ Phone: _____

Company Name: _____ Dates of Employment: _____

Supervisor: _____ Supervisor Title: _____

Business Address: _____

Email: _____ Phone: _____

Company Name: _____ Dates of Employment: _____

Supervisor: _____ Supervisor Title: _____

Business Address: _____

Email: _____ Phone: _____

The Facility in which the preceptor is currently employed must be licensed in accordance with S.C. Code of Regulations 61-17 to become an AIT site. The facility must have clearly defined and staffed departments, each with a designated department head. The Administrator may **not** be the designated department head of any department other than administration.

DEPARTMENT	NAME OF DEPARTMENT HEAD
Administration	
Human Resources	
Nursing/Health Care Services	
Rehabilitation	
Medical/Resident Records	
Activities	
Social Services/Admissions	
Business Office	
Dietary	
Housekeeping/Laundry	
Maintenance/Environmental	

Date of latest licensure survey: _____ Date of latest certification survey: _____

Attach a copy of the latest licensure and certification survey and plan for correction for any deficiencies.

PERSONAL HISTORY QUESTIONS

A written explanation must be provided on a separate sheet for any “Yes” answers, include any supporting documentation.

1. Has any licensing agency revoked, suspended, or restricted your occupational or professional license or otherwise disciplined you? Yes No
2. Do you have a mental or physical impairment or addiction that would prohibit you from safely practicing as a licensed administrator and AIT Preceptor? Yes No

ATTESTATION

I, _____, am the person described and identified, in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice nursing home administration and/or community residential care facility administration in South Carolina.

Applicant’s Signature: _____ Date: _____

PRIVACY DISCLOSURE

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.