



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of

Long Term Health Care Administrators

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[POL/LongTermHealthCare/](#)



CHARACTER REFERENCE

- **Individuals giving a reference cannot be related by blood, marriage or employer/supervisor**
- **Three references must be completed as part of the application process.**
- **Photocopy this form for the other two References**

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 ADMINISTRATORS BELOW (ATTACH ADDITIONAL COMMENTS ON A SEPARATE SHEET)

Full Name of Reference (Print): _____

Address: _____

Street

City

State

Zip Code

Phone Number: (_____) _____

Day hours you can be reached: _____

Signature: _____

Date: _____