



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of

Long Term Health Care Administrators

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329 Phone: 803-896-4544

• Contact.llr@llr.sc.gov • Fax: 803-896-4515 www.llronline.com/

[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: _____