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.LTHCA@llr.sc.gov • Fax: 803-896-4515
llr.sc.gov/lthc

EMPLOYEMNT CHANGE NOTIFICATION FORM

Licensee Name: _____ **License Number:** _____

New Employer:

Facility Name: _____ Facility License #: _____

Facility Address: _____

Email: _____ Phone: _____

Employment Beginning Date: _____ Employment End Date: _____

Previous Employer:

Facility Name: _____ Facility License #: _____

Facility Address: _____

Employment Beginning Date: _____ Employment End Date: _____

Additional Places of Employment:

Facility Name: _____ Facility License #: _____

Facility Address: _____

Email: _____ Phone: _____

Employment Beginning Date: _____ Employment End Date: _____

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.

Signature: _____ **Date:** _____