

Directions & Location

Hampton Inn at Harbison
101 Woodcross Drive
Columbia SC 29212

From I -26 E: Take exit 103 for Harbison Blvd. Turn left onto Harbison Blvd. Turn right onto Woodcross Dr. Our hotel on I -26 near Columbia, SC will be on the left.

From I-26 W: Take exit 103 for Harbison Blvd. Continue straight onto Woodcross Dr. Harbison hotel will be on the left.

Administrator's Prep Class

Hampton Inn at Harbison,
101 Woodcross Dr.
Columbia, SC 29212



4721D Sunset Blvd Lexington, SC 29072
Phone 800.862.2908 Fax 803.951.2136
Website: www.scarch.org
Email: scarch@scarch.org

SC Association of
Residential Care Homes

February 28, 2017

9 am-1 pm

Class Information:

Hampton Inn at Harbison,
101 Woodcross Dr.
Columbia, SC 29212

February 28, 2017 - 9 a.m.- 1 p.m.

Administrators prep classes are offered quarterly.
The next will be in October.

This class is for individuals who want to learn more about the licensure test for Assisted Living/Residential Care Administrators. Individuals will receive information on where to find the best study materials, a mock exam will be given, and the instructor will discuss what to expect on the national and state examinations. A variety of individuals attend. Registrants include individuals already planning to take the exam in the next few months or those that just want to get a little more information about what to expect and how to go about becoming a licensed administrator.

Instructors: Rita Stanley, Bailey Manor

Send payments to:
SCARCH, 4721 D Sunset Blvd,
Lexington, SC 29072

Or you can scan and email to
scarch@scarch.org or fax to: (803)
951-2136

Registration Information

Please complete the form below and return with payment to **SCARCH, 4721-D Sunset Blvd, Lexington SC 29072**. You may fax forms with a credit card to **(803) 951-2136**. Payment must be received five (5) days in advance to avoid the \$20.00 late fee. Please **PRINT** all information below! Please duplicate form if needed.

Home or Community Name _____

Mailing Address _____

City/State/Zip _____

Tel: (_____) _____ Fax (_____) _____

Email: _____

Participant (s) Name:

PAYMENT INFORMATION

Members-- \$65 Non-Members-- \$99

Check for \$_____ enclosed or charge \$_____ to my

Visa/MasterCard/Discover/American Express # _____

Exp. _____

Name on Card: _____

Signature _____ Date _____