



Request for Consultation/Assistance

Division of Health Licensing

The Division of Health Licensing will provide, at your request, consultations to assist you in maintaining the licensing standards for your facility/service.

The topic(s) discussed during a consultation will be based on your expressed needs, concerns, and/or problems.

These consultations are not intended to provide or replace large group inservice training programs required by licensing standards. Consultations will be provided on a 1 to 1 basis with the owner, administrator or a small group of key staff, who can then utilize the information provided to conduct inservice programs for other facility staff. If you desire a consultation, please complete and return this form to: DHEC, Division of Health Licensing, 2600 Bull Street, Columbia, SC 29201-1708. If you have questions you may contact us at (803) 545-4370. When received, a representative of this Division will contact you to schedule the consultation at the earliest possible date.

Name of person making request and title: _____

Facility Name & Address: _____

Topic(s) & Specific Concerns: _____

Number of Persons to be in attendance: _____ **Desired Length of Consultation:** _____

THIS SECTION FOR DEPARTMENT USE ONLY

Date Consultation Scheduled:

DHL Person Scheduled for Visit:

Date Conducted:

Topic(s) & General Summary: _____

Names & titles of persons attending:

Recommendations for further actions: (If none, enter "none")

Instructions for Completing DHEC 0205: Request for Consultation/Assistance

PURPOSE: This form is used by licensed facilities or activities to request a consultation or assistance from the Division of Health Licensing. This form, when completed, may not be released to the public except as provide by §44-7-310 and §44-7-315 of the South Carolina Code of Laws.

EXPLANATION: The front side of the form is used by the person making the request for the consultation/assistance visit. The person making the request needs to enter their name and title in the space provided. Enter the name of the facility and the address in the space provided. Enter the topics and specific concerns you would like for Health Licensing staff to address in the space provided. Enter the number of persons who will attend and the desired length time for the consultation visit in the spaces provided. Return the form to the Division of Health Licensing.

The reverse side of the form is to be completed by a staff member of Health Licensing. Enter the date the consultation is scheduled in the space provided. Enter the name of the Health Licensing staff person that will make the consultation visit in the space provided. Enter the date the consultation was actually conducted in the space provided. Enter the topics that were actually discussed and a brief summary of the discussions in the space provided (attached additional sheets if necessary). Enter the names and titles of all persons that attended the consultation in the space provided or attach a roster. Enter your recommendations, if any, for further actions if the space provided. If no further actions are necessary, then enter none.

OFFICE MECHANICS AND FILING: The original shall be placed in the Master File of the activity in the Health Licensing Section and kept there in accordance with the most restrictive retention scheduled assigned to this document or other documents contained in the file. The most restrictive retention schedule in our Master Files is SBH-F&S-17, which requires documents to be kept for 6 years within Health Licensing. Records are then shipped to the Consolidated Storage Center for retention of not less than twenty-four years before destroying.