

SC DEPARTMENT OF LABOR, LICENSING AND REGULATION, POL DIVISION  
BOARD OF EXAMINERS FOR THE LICENSURE OF PROFESSIONAL  
COUNSELORS, MARRIAGE AND FAMILY THERAPISTS, AND  
PSYCHO-EDUCATIONAL SPECIALISTS  
Post Office Box 11329  
Columbia, SC 29211-1329  
(803) 896-4658

**VERIFICATION OF LICENSURE FOR ENDORSEMENT**

Name of Applicant (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

I hereby authorize release of licensure information to the SC Board of Examiners for Counselors and Therapists. Please complete this form and return to the licensing board at the above address.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

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THIS SECTION TO BE COMPLETED BY THE DISTANT STATE LICENSING BOARD

1. License currently held: \_\_\_\_\_ No. \_\_\_\_\_

2. Expiration Date: \_\_\_\_\_ Date first issued: \_\_\_\_\_

3. Is this license current and in good standing?  Yes  No  
If not, please explain on the back of this form.

4. Was this license issued through a grandfathering clause?  Yes  No

5. Did the licensee take and pass a written examination?  Yes  No  
If yes, score achieved: \_\_\_\_\_  
Name of exam taken: \_\_\_\_\_  
Date exam passed: \_\_\_\_\_

6. Is there any record of disciplinary action taken against this licensee?  Yes  No  
If yes, please explain (use reverse side of form if needed).

7. Do you require verification of CE for licensure renewal?  Yes  No  
\_\_\_\_\_ Number of years in licensure period  
\_\_\_\_\_ Number of hours per licensure period

Form completed by: \_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Title

\_\_\_\_\_

State Board Address

\_\_\_\_\_