

Race: (for statistical purposes only)

American Indian African American Caucasian Hispanic Oriental/Asian Other

Sex: Male Female

* The disclosure of the social security number for identification purposes is authorized and mandated by state and federal statutes. The social security number is not subject to disclosure as public information.

Since you obtained your initial license or last renewed your license, have you:

1. Been convicted, pled guilty, or pled nolo contendere for violation of any federal, state, or local law, or do you have charges pending (other than a minor traffic violation)? Yes No
 If yes, attach a detailed letter of explanation along with a criminal records check from the state(s) in which you were convicted and court document(s) pertaining to your conviction, guilty plea or nolo contendere plea.

2. Had any investigation, formal complaint, disciplinary action or consent order filed against you by anyone? Yes No
 If yes, attach a detailed letter of explanation.

3. Have you ever held a license or currently hold a license, certificate or registration in counseling, marriage & family therapy or school psychology that has been subject to disciplinary proceedings before a state regulatory body or had your license, certificate or registration suspended, revoked or limited in any way? Yes No
 If yes, attach a detailed letter of explanation.

4. Developed any disease or condition, physical, mental or emotional, including alcohol or other substance abuse that might interfere with your ability to competently and safely perform the essential functions involved in your profession? Yes No
 If yes, attach a detailed letter of explanation.
 (If you are currently enrolled in the Recovering Professional Program, by private agreement, you may answer "No" to this question.)

5. Practiced as a Professional Counselor/Marriage & Family Therapist/Psycho-Educational Specialist/Supervisor in the state of South Carolina since your license was placed in lapsed status? Yes No
 If yes, attach a letter of explanation.

6. Had your license been disciplined by any state since you last renewed your South Carolina license? If yes, attach a detailed letter of explanation. Yes No

7. Have you ever been licensed in another state? If so, please list state/s and license number(s).
 State: _____ License # _____ Type of License: _____
 State: _____ License # _____ Type of License: _____
 State: _____ License # _____ Type of License: _____

Affirmation of Continuing Education and Statement of Compliance

I **affirm** that I have completed the required number of CE hours for this license for the renewal period Yes No
Enter the actual number of CE hours you have obtained for this license. _____

Biennial CE hours are 40 CE hours each for LPC, LMFT, and LPES or 25 formal (face-to-face attendance) CE hours per license type for multiple license holders of LPC, LMFT, and LPES.
Biennial CE hours are 10 CE hours each for LPC/S and LMFT/S or 5 formal CE hours for each license type for dual supervisor license holders.

I hereby swear/affirm that I have read all questions on this reinstatement application and have answered truthfully, accurately, and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license.

Print Name _____ License No. _____
(first, middle, last)

Signature _____ Date _____

Remember to:

- Complete and answer all questions on this application.
- Sign and date this application.
- Attach all required letters and information regarding “yes” answers.
- Provide continuing education documentation.
- Enclose money order, cashier’s check or personal check made payable to SC Board of Counselors. No cash accepted.

Note:

Anyone licensed on 07/01/98, or after, as a Supervisor must maintain their LPC license to be qualified to have a license as an LPC/S and must maintain their LMFT license to be qualified to have a license as an LMFT/S.

Send application to: SC Board of Professional Counselors
P O Box 11329
Columbia, SC 29211-1329

AFFIDAVIT OF ELIGIBILITY

Pursuant to section 8-29-10 of the South Carolina Code of Laws (1976 as amended), the Department of Labor, Licensing and Regulation must verify the lawful U.S. presence of any person who applies for a South Carolina license. Please complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

I, (please print your full name) _____, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

- 1. ___ I am a United States citizen or legal permanent resident eighteen years of age or older; or
- 2. ___ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
 - a. ___ I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
 - b. ___ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.
- 3. ___ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
 - a. ___ I am a US citizen, not physically present or employed in the United States.
 - b. ___ I am a Foreign National, not physically present or employed in the United States.

If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.

Section B: Secure and Verifiable Document. This section must be completed if you checked number 1 or 2 in Section A.

1. Please check one of the following acceptable secure and verifiable documents. Complete documentation must be provided.

- Any valid South Carolina Driver's License, South Carolina Driver's Permit or South Carolina Identification Card? Number _____; Date of Expiration: _____
- Any valid out-of-state issued photo Driver's License or photo identification card, photo driver's permit? State: _____; Number _____; Date of Expiration: _____.
- Permanent Resident Card; Alien Number _____; Card Number _____; Date of Expiration: _____.
- Employment Authorization Card; Alien Number _____; Card Number _____; Date of Expiration: _____
- Certificate of Naturalization with intact photo.
- Certificate of (US) Citizenship with intact photo.
- Other: (Name of verifiable document) _____

2. Enter the state or the federal agency name where this secure and verifiable document was issued.

(If issued by a state agency, include both the state and agency name.)

3. Please provide your social security number: _____/_____/_____

Section C: Attestation.

- I understand that this sworn statement is required by law because I have applied for or seek reinstatement of a professional or commercial license as provided for in 8 U.S.C. §1621. I understand that state law requires me to provide proof that I am lawfully present in the United States.
- I understand that in accordance with section 8-29-10 of the South Code, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a felony.
- I am the person identified above, and the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.

Signature

Date

Please print your name as shown on your secure and verifiable document.

Professional License Type: _____

License Number (if already licensed): _____

The South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

06/28/12 Affidavit of Eligibility