



South Carolina Department of Labor, Licensing and Regulation
Massage/Bodywork Therapists

**MASSAGE/BODYWORK THERAPIST REINSTATEMENT
 APPLICATION**

Reinstatement Fee \$210.00

PLEASE TYPE OR PRINT CLEARLY AND RETURN FORM TO:

**SC Dept. of Labor, Licensing and Regulation
 Massage/Bodywork Therapy
 110 Centerview Dr.
 Post Office Box 11329
 Columbia, South Carolina 29211-1329
 Phone: (803) 896-4588
 Fax: 803-896-4484
 www.llronline.com/POL/massagetherapy/**

Massage/Bodywork License Number: _____

Home Address

Mailing Address

Name: _____

Name: _____

Address: _____

Address: _____

State, City, Zip: _____

State, City, Zip: _____

- I hereby certify that I have completed the required _____ hours of continuing education needed to reinstate my Massage/Bodywork Therapy license. YES _____ NO _____
- Since the date of your last renewal application have you been charged, arrested, indicted, convicted, pled guilty of, pled nolo contendere for violation of any federal, state, or local law (other than minor traffic violation)?

YES _____ NO _____ (If Yes, please include a full explanation & documentation. A SLED report may be needed).
- Since the date of your last reinstatement application, has any complaint been formally lodged or has any action been taken against your license in any jurisdiction. YES _____ NO _____ (If Yes, please include full explanation.)

I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for disciplinary action to include, Revocation of my South Carolina License and Civil Penalties up to \$500 per violation.

Signature _____

Date _____

When you provide a check as payment, you authorize us to use information from the check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction. You authorize us to collect a fee through electronic fund transfer from your account if your payment is returned unpaid. Please provide the following on your check: Drivers License #; Full Name; Street Address and Phone Numbers.

Reinstatement Fees

Massage/Bodywork Therapist license is \$210.00

RETURN THIS FORM WITH CORRECT REINSTATEMENT FEE TO:

Massage/Bodywork Therapy
 110 Centerview Drive, 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 the acceptable secure and verifiable document(s) you hold. A copy of the verifiable document(s) must be attached to the Affidavit of Eligibility.

- A valid South Carolina Driver's License, South Carolina Driver's Permit or South Carolina Identification Card. Number _____; Date of Expiration: _____
- A 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 the secure and verifiable document(s) was issued.

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

3. Please provide your social security number: _____/_____/_____
(Include a copy of the card with the Affidavit)

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.