



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Nursing
 P.O. Box 12367 • Columbia, SC 29211
 Phone: 803-896-4550 • Fax: 803-896-4515
 www.llronline.com/POL/nursing/



Board of Nursing Certificate of Endorsement

Program Code: _____

Official Name and Address of School:

To be completed and signed by the present Dean or Director of the School of Nursing from which the applicant graduated. **The form must be mailed directly from the school to the Board of Nursing.** Certificates are not accepted from the applicant.

Full Name: _____ Maiden: _____

Social Security Number: _____

Date of Admission to Nursing School: _____ (mm/dd/yy) Date of Completion: _____ (mm/dd/yy)

Date Degree/Diploma Conferred: _____ (mm/dd/yy)



RN LPN

I CERTIFY that records in the Registrar's Office and/or School of Nursing indicate that:

_____ Candidate's Full Legal Name

has satisfactorily completed all requirements of the nursing education program and for graduation from the educational institution to hold a DEGREE: _____ or DIPLOMA: _____ of this school DATED _____ (Specify type of degree)

Signature: _____ Date: _____
 (Nurse Administrator Nursing Education Program)*

Title: _____

(SCHOOL SEAL)
 If not available, please attach notarized copy of signature
***REGISTRAR'S SIGNATURE IS NOT ACCEPTABLE**

Note: This form may not be altered and corrections/ modifications are not acceptable.