



SC Board of Examiners in Speech-Language Pathology and Audiology
Synergy Business Park, Kingstree Building
110 Centerview Drive
PO Box 11329
Columbia, SC 29211
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Reactivation of Inactive License Application

If you wish to reactivate your license inactive to active status as defined in **S.C. Code Ann §40-67-280**, this form must be completed and returned to the Board office along with the appropriate fee and all required continuing education courses. If you are dual licensed in Speech-Language Pathology and Audiology, and wish to reactive both licenses to active status, you must submit the fee for **each** license and CE documentation. (Check **appropriate** box)

- \$120.00 reactivate SLP or Audiologist License
- \$240.00 to reactivate both licenses during licensure period

§ 40-67-280. Activation of Inactive License

To activate an inactive license you **Must** submit evidence attesting to satisfactory completion of sixteen (16) hours of approved continuing education for **each two years** of an inactive licensure and provide documented proof with your application.

I have read **S.C. Code Ann §40-67-280** and wish to reactive my license #_____ which will expire _____. Verification of my continuing education hours are enclosed with the appropriate fee.

While on inactive status, I did not practice in the State of South Carolina as a/an (Please check the **appropriate** box below)

- Speech-Language Pathologist
- Audiologist

	Initial Check Amt. _____	Deposit Control No./Date _____/____
	Balance Amt. _____	Deposit Control No./Date _____/____
	Presented to Board _____	Board Action/Date _____/____
	Certificate/Card Mailed _____	LICENSE # _____



AFFADIVIT OF ELIGIBILTY

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.