



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Social Work Examiners**

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**SOCIAL WORK REINSTATEMENT APPLICATION**

**§40-63-250:** Any licensee who allows his license to lapse by failing to renew may be reinstated by the board upon satisfactory explanation of failure to renew and upon payment of a reinstatement fee and current renewal fee.

If a license has been lapsed for more than one year the board may impose further educational requirements for reinstatement.

**A license that has been lapsed for more than two years must reapply for licensure.**

**License Type:**

Baccalaureate Level Social Worker (LBSW) License Number: \_\_\_\_\_

Master Level Social Worker (LMSW) License Number: \_\_\_\_\_

Licensed Independent Social Worker (LISW)

Clinical Practice License Number: \_\_\_\_\_

Advance Practice License Number: \_\_\_\_\_

**Include with your application:**

- Check or money order in the amount of \$190.00 (Reinstatement Fee + Renewal/late Fee) made payable to LLR-Board of Social Work Examiners. Application fee is non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
- Copy of your valid driver's license, state issued ID, passport or military ID
- Copy of your social security card
- Legal documentation for name change (marriage cert, divorce decree, etc.)(if applicable)
- Notarized Verification of Lawful Presence (attached)
- Proof of 40 clock hours of continuing education

**APPLICANT INFORMATION**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Since you were last actively licensed, have you legally changed your name? Yes No

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(If different than above)

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**CURRENT EMPLOYMENT INFORMATION**

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Email (optional): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

**EXPLANATION FOR FAILURE TO RENEW:**

**CONTINUING EDUCATION**

Each licensee is required to obtain a minimum of 40 clock hours of CE hours during the renewal period. A minimum of 20 of the 40 hours must be specifically provided by trained social workers (a person with a BSW, MSW or Doctorate degree in social work) and a maximum of 20 CE hours may be provided by non-social workers (i.e. psychologists, LPCs, etc.).

**Documentation of the 40 clock hours must be submitted with the reinstatement application.**

**DISCIPLINARY QUESTIONS**

If you answer “Yes” to any of the questions below, submit a detailed letter of explanation along with any other relevant documentation.

**SINCE YOU WERE LAST ACTIVELY LICENSED IN SC:**

- |   |     |    |
|---|-----|----|
| 1. Have you been convicted, pled guilty or pled nolo contendere (no contest) to a felony, or a crime involving drugs or moral turpitude?  | YES | NO |
| 2. Have you had an application for a professional license, examination, certification or registration denied or refused by any licensing board or other entity or have you ever surrendered a professional license? | YES | NO |
| 3. Do you currently have a physical or mental impairment or disability, including alcohol or other substance abuse that may render further practice dangerous to the public?  | YES | NO |
| 4. Have you been treated for a drug or alcohol addiction or participated in a rehabilitation program?   | YES | NO |
| 5. Have you had any investigation, formal complaint, disciplinary action or consent order filed against you by any person, employer, or licensing board in any jurisdiction?  | YES | NO |
| 6. Have you resigned from any employment in lieu of disciplinary action?  | YES | NO |

**ATTESTATION**

I HEREBY swear/affirm 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 licensure.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **PRIVACY DISCLOSURE**

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.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.



STATE OF SOUTH CAROLINA  
DEPARTMENT OF LABOR, LICENSING AND REGULATION  
**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES**  
**AFFIDAVIT OF ELIGIBILITY**



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

**Section A: LAWFUL PRESENCE in the United States.**

The undersigned \_\_\_\_\_, of \_\_\_\_\_  
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)  
being first duly sworn deposes and states as follows:

**Check only one box:**

1.  I am a United States citizen; or

2.  I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3.  I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4.  Other: \_\_\_\_\_ Please submit any documentation that supports this status.

Date of Birth: \_\_\_\_\_

Alien Number: \_\_\_\_\_ I-94 Number: \_\_\_\_\_

**(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)**

**Section B: ATTESTATION.**

**I understand** that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

**I understand** that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

**I swear and attest 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 of Affiant

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

### **CHECK box 1:**

If you are a United States Citizen by birth or naturalization

### **CHECK box 2:**

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **CHECK box 3:**

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **ACCEPTED IMMIGRATION DOCUMENTS:**

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)