

SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
SOUTH CAROLINA BOARD OF COSMETOLOGY
POST OFFICE BOX 11329
COLUMBIA, SOUTH CAROLINA 29211-1329
(803) 896-4588
Email: BoardInfo@llr.sc.gov

Instructor Information for Endorsement

Upon application and payment of the required fee, a license to teach cosmetology, esthetics, or nail technology may be issued by the board to any person who:

(1) is currently licensed, and in good standing, as an instructor in a state that has a nationally endorsed examination; OR

(2) is a licensed cosmetologist, esthetician or nail technician who has practiced for at least two years in any other state and submits proof, satisfactory to the board, of having completed instructor training which is substantially equivalent to requirements of this state (reference Section 35-4 of the S.C. Code of Regulations); AND passes a nationally endorsed examination for instructors.

In addition to the above information, you must submit the following:

1. Completed notarized application.
2. Completed Verification of Lawful Presence Form.
3. Enclose a clear and legible copy of your driver's license or state identification card.
4. Enclose a copy of your Social Security Card.
5. Enclose a copy of your GED, high school diploma or college transcript.
6. Enclose a copy of your legal name change document (if applicable).
7. Enclose a copy of your current cosmetology or instructor licenses.
8. Tape photo in the designated area of the application.
9. Enclose fee of \$80.00. Money order, cashier's check or personal check made payable to **LLR-Board of Cosmetology**. No cash, credit cards or debit cards accepted.
10. Verification of current state licensing in good standing- Mail the verification form to your current state of licensure.

Once all requirements are received and verified, a license number may be generated within 10 business days. During peak times, the application review/approval process may take longer.



South Carolina Department of Labor, Licensing and Regulation South Carolina Board of Cosmetology

P. O. Box 11329, Columbia, SC 29211
Phone: (803) 896-4588 Fax (803) 896-4484
Email: BoardInfo@llr.sc.gov



Instructor Application for Endorsement

South Carolina is a member of the National-Interstate Council of State Boards of Cosmetology (NIC). Please select the type of license you are applying for. Print and complete the application in ink and return to the address above with the designated fee. This application is valid for one year. Any applicant who has not obtained licensure within one year must complete a new license application. **Application fees are subject to change and are non-refundable. Incomplete applications on file with the Board will expire after one year from the date they are received.**

- Cosmetology - \$80
 Nail Technology-\$80
 Esthetician-\$80

Full Legal Name: _____
 First Middle Maiden (if married) Last

Home Address: _____
 Street (physical address required) City State Zip

Mailing Address: _____
 Street/PO Box City State Zip

County: _____ Telephone #: _____

Email Address: _____ Social Security Number: _____/_____/_____

Date of Birth: _____ Place of Birth: _____

Race: (for statistical purposes only)
 American Indian
 African American
 Caucasian
 Hispanic
 Oriental/Asian
 Other

Gender: Female Male

***If you answer "yes" to questions 1-2, you must attach a full written explanation pertaining to that particular question.**

1. To your knowledge are any pending complaints filed against your current license? Yes No
2. Have you ever been convicted of or pled guilty or nolo contendere to any felony, a crime of moral turpitude or a crime involving drugs? **If yes, attach a copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer sent directly to the Board from the above-mentioned authorities.** Yes No
3. Have you ever been licensed in South Carolina? Yes No
If yes, SC License # _____
4. Have you ever been known by any other name or surname? Yes No
If yes, list names _____
5. Have you completed instructor training? Yes No _____
School (Name/City/State) Date of Graduation
6. Type of exam passed (theory and practical): National State None

7. Name and location of school where you plan to teach: _____

Privacy Act 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.

ATTESTATION AND SIGNATURE

I, _____ (print name), am the person described and identified and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice cosmetology in South Carolina.

Signature of Applicant (Do not print) _____ Date

Subscribed and sworn to before me this _____ day of _____, 20_____.

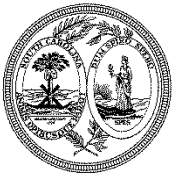
Signature of Notary Public

My Commission Expires: _____

DID YOU REMEMBER TO:

- Complete and answer all questions. Sign, date and have your application notarized.
- Complete the Verification of Lawful Presence Form.
- Enclose a clear and legible copy of your driver's license or state identification card.
- Enclose a copy of your Social Security Card.
- Enclose a copy of your GED, high school diploma or college transcript.
- Enclose a copy of your legal name change document (if applicable).
- Enclose a copy of your current cosmetology and instructor licenses.
- Tape photo in the designated area of the application.
- Enclose fee of \$80.00. Money order, cashier's check or personal check made payable to **LLR-Board of Cosmetology**. No cash, credit cards or debit cards accepted.
- Verification of current state licensing in good standing- Mail the verification form to your current state of licensure.
- Check the status of your application online at www.llr.state.sc.us/pol/cosmetology. Once all requirements have been received and verified, a license number may be generated within 10 business days. During peak times, the application review/approval process may take longer.

Attach recent full
face passport size
photo here
"2 x 2"
No copies
Sign and date



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)

South Carolina Board of Cosmetology Verification Form

Send this form to your state of licensure.

Most states charge a fee to complete this form; therefore, please confirm the cost with your state board of licensure before mailing.

PART I: To be completed by the applicant and forwarded to the original state of licensure.

Name _____
First Middle Maiden Last

Previous Names(s) _____

Current Street Address _____ City _____ State _____ Zip _____

Date of Birth _____ Social Security # _____
(mm/dd/yyyy)

Cosmetology Education Program _____

Name as on original license _____
First Middle Maiden Last

City of Program _____ State _____ Date of Completion _____

Type of License: _____ Current State of Licensure _____ Issue Date of Current License _____

Current License Number _____

LIST ALL OTHER STATES OF LICENSURE

State: _____ License Number: _____ Date Issued: _____

State: _____ License Number: _____ Date Issued: _____

State: _____ License Number: _____ Date Issued: _____

I hereby authorize all identified Boards of Cosmetology to release my licensure data to the South Carolina Board of Cosmetology.

Signature _____ Date _____

PART II: To be completed by the original state of licensure and forwarded to:

South Carolina Board of Cosmetology, P. O. Box 11329, Columbia, SC 29211

This is to certify that _____ was issued license number _____ Date Issued _____
(Applicant Name) to practice _____

Licensed by: Examination _____ Endorsement _____ Waiver/Equivalency _____

Current Licensure Status: Active _____ Inactive _____ Lapsed _____ Expiration Date: _____

Has this license ever been encumbered (denied, revoked, suspended, limited, placed on probation)? Yes No

Disciplinary Action Pending? Yes No Explain yes responses and/or attach a certified copy of the action.

Cosmetology Program Completed _____ Approved by State? Yes No

Location (city/state) _____ Graduation Date _____

Type of Cosmetology Program RC _____ ES _____ NT _____ Instructor _____

Did the licensee pass a nationally recognized written and practical exam? Yes No

If no, what type of examinations were passed?: _____

Signature _____ Title _____ State _____ Date _____

OFFICIAL SEAL