South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho-Educational Specialists
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4658 • Contact.Counselor@llr.sc.gov • Fax: 803-896-4719
llr.sc.gov/cou

ADDICTION COUNSELOR ASSOCIATE LICENSE APPLICATION REQUIREMENTS AND INSTRUCTIONS

EDUCATION REQUIREMENTS

An applicant applying for initial licensure as an addiction counselor associate must have completed one of the following:

- Show evidence of completion from an addiction counseling program accredited by the Council for Accreditation of Counseling & Related Education Programs (CACREP); or

- submit evidence of successful completion of a master's degree, specialist's degree or doctoral degree with a minimum of forty-eight (48) graduate semester hours primarily in counseling or related field from a program accredited by the National Addiction Studies Accreditation Commission (NASAC), CACREP, or one that follows similar educational standards, and from a college or university accredited by the Commission on the Colleges of the Southern Association of Colleges and Schools, one of its transferring regional associations, the Association of Theological Schools in the United States and Canada, or a regionally-accredited institution of higher learning subsequent to receiving the graduate degree. On one's graduate transcript(s) the applicant must demonstrate successful completion of 27 of the 48 hours consisting of courses in the following areas:
  (a) Human growth and development course; and/or
  (b) Social and cultural foundations course; and/or
  (c) Counseling Theory Course; and/or
  (d) Family System Theory Course; and/or
  (e) Career Theory; and/or
  (f) Group Dynamics; and/or
  (g) Screening, Assessment and Clinical Diagnosis within behavioral health; and/or
  (h) Research and evaluation; and/or
  (i) Professional orientation: coursework content providing an understanding of professional roles and functions, professional goals and objectives, professional organizations and associations, professional history and trends, ethical and legal standards, professional preparation standards, and professional credentialing; and
  (j) 6 hours of Substance Use Disorder/ Addiction Specific Coursework; and
  (k) Practicum: a minimum of one (1) supervised one hundred (100) hour counseling practicum;

INTERNSHIP REQUIREMENTS

Applicant must have completed an internship, as part of a degree program, of at least six hundred (600) hours, of which three hundred (300) hours must be working primarily with the substance use disordered population with a minimum of one hundred twenty (120) hours of direct client contact; however, if the 300/120 specific hours requirement is not met within the 600 hour internship, a post-graduate experience may be served to meet this requirement.

EXAM INFORMATION

All licensure candidates must take and pass either the:

- National Association for Alcoholism and Drug Abuse Counselors (NAADAC) Master Addiction Counselor (MAC) Exam https://www.naadac.org/mac

  OR

- International Certification and Reciprocity Consortium (IC&RC) Advanced Alcohol and Drug Counselor (AADC) Exam https://www.internationalcredentialing.org

SUPERVISION PLAN

Attach a completed Supervision Plan (Plan and Arrangements for Clinical Supervision of Post-Master's Clinical Experience In Addiction Counseling or the LAC Confirmation of Clinical Supervision of Post-Master's client contact along with the supervision log).

South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho-Educational Specialists
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4658 • Contact.Counselor@llr.sc.gov • Fax: 803-896-4719
llr.sc.gov/cou

ADDICTION COUNSELOR LICENSE APPLICATION

Select method of licensure:

☐ Applying for Licensure as an Addiction Counselor Associate
☐ Applying for Licensure by Endorsement from Another State

Include with your application:

- Check or money order in the amount of $170 made payable to LLR-Board of Professional Counselors 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
- Attach a copy of your State of Professional Disclosure as defined in § 40-75-270.
- Completed Supervision Plan or Confirmation of Supervision

Have submitted directly to the Board office address above from the issuing agent:

- Official Transcripts
- MAC Exam Scores (if available)
- AADC Exam Scores (if available)
- Out of State License Verification

APPLICANT INFORMATION

Last Name:_____ First:_____ Middle:_____ Suffix:_____

Have you ever had a legal name change? ☐ Yes ☐ No Maiden Name: _____

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

Home Address: _____ City:_____ State:_____ Zip:_____ District:_____
Congressional District (SC Residents Only)

Mailing Address: _____ City:_____ State:____ Zip:_____
(If different than above)

Phone: _____ Email Address: _____

Date of Birth: _____ Social Security No.: _____

Gender: ☐ Female ☐ Male
(For statistical purposes only)

CURRENT EMPLOYMENT INFORMATION

Business Name: _____ Business Phone: _____

Business Email: _____

Mailing Address: _____ City:_____ State:____ Zip:_____

PROFESSIONAL EDUCATION INFORMATION

Did you attend an addiction counseling program accredited by the CACREP? ☐ Yes ☐ No

Institution/Program	LOCATION (City and State or Country)	Attendance Dates (MM/YR – MM/YR)	Graduation Date	Degree Earned

RECORD OF OUT OF STATE LICENSE

State	Profession	License/ Certificate Number	Initial License Date	Status (Active, expired, disciplined.)

RECORD OF EXAM

Have you taken and passed either the MAC or the AADC exam? ☐ Yes ☐ No

If Yes, indicate which exam taken: _____

Date exam taken: _____

PERSONAL HISTORY INFORMATION

Answer all the questions below; you are required to include a detailed written statement of explanation with your application for any "Yes" answers. However, if you answer "Yes" to question #3, you will also need to describe any pending charges in addition to providing a criminal background check from the state in which the offense took place (i.e., SLED, etc.).

1. Have you ever had any application for any professional license, certification, or registration refused or denied by any licensing authority? ☐ Yes ☐ No

2. Have you ever been refused or denied the privilege of taking an examination required for any professional license? ☐ Yes ☐ No

3. Have you ever been the subject of disciplinary action with regard to a license, been revoked or sanctioned by any licensing authority, association, licensed facility, or staff of such facility? ☐ Yes ☐ No

4. Have your privileges ever been restricted or terminated by any association, licensed facility, or staff of such facility; or have you ever voluntarily or involuntarily resigned or withdrawn from such association or facility to avoid imposition of such measures? ☐ Yes ☐ No

5. To your knowledge are there unresolved or pending complaints against you with any federal or state agency, professional association, licensed hospital or clinic, or staff of such hospital or clinic? ☐ Yes ☐ No

6. Have you been convicted (including a nolo contendere plea or guilty plea) in any state or federal court of a felony of any kind or of a non-felony crime involving drugs or moral turpitude, whether or not sentence was imposed or suspended? ☐ Yes ☐ No

   If Yes, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from any probation or parole officer sent directly to the Board from the above-mentioned authorities.

7. Do you currently have a drug or alcohol addiction that might interfere with your ability to competently and safely perform the essential functions of practice? ☐ Yes ☐ No

8. Do you currently have any physical, mental, or emotional condition that might interfere with your ability to competently and safely perform the essential functions of practice? ☐ Yes ☐ No

STATEMENT OF APPLICANT

Should I furnish any false information on this application or on any supporting document or material, I understand that such an act shall constitute cause for denial of my application or revocation of my addictions counselor license.

Applicant 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: _____

Rev: 02-02-2015

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 Department of Labor, Licensing and Regulation
South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho-Educational Specialists
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4658 • Contact.Counselor@llr.sc.gov • Fax: 803-896-4719
llr.sc.gov/cou

LAC COURSEWORK REVIEW

Coursework Requirements Verification:

- Please print or type.
- Include an official sealed transcript from your graduate institution(s) attended or have transcripts sent directly from the school to the SCLLR Counselors Board.
- This form must be filled out in order to review your coursework.
- Did you attend a CACREP or NASAC accredited program? ☐ Yes ☐ No
- Please see regulation 36-10(3) prior to completing.

REQUIRED COURSES

Coursework Categories	Course Title	Course No.	Credit Hours	Institution Where Course Was Taken
Human Growth and Development				
Social and Cultural Foundations				
Counseling Theory				
Family System Theory				
Career Theory				
Group Dynamics				
Screening, Assessment and Clinical Diagnosis Within Behavioral Health				
Research and Evaluation				
Professional Orientation				
Substance Use Disorder/Addiction Specific Coursework				
Practicum				
Internship				

South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho-Educational Specialists
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4658 • Contact.Counselor@llr.sc.gov • Fax: 803-896-4719
llr.sc.gov/cou

LAC PRACTICUM INTERNSHIP REVIEW

Name: (Last, first, middle initial) _____

A minimum of a 100-hour counseling practicum is required. In chronological order, document the dates, hours, location and supervision information for each qualifying practicum/internship experience. Please see regulation 36-10.

Institution/Place of Employment: _____

Address: _____

Director of Program: _____

Major Supervisor: _____

From: (MM/YY) _____ To: (MM/YY) _____ Total Hours: _____

Institution/Place of Employment: _____

Address: _____

Director of Program: _____

Major Supervisor: _____

From: (MM/YY) _____ To: (MM/YY) _____ Total Hours: _____

Institution/Place of Employment: _____

Address: _____

Director of Program: _____

Major Supervisor: _____

From: (MM/YY) _____ To: (MM/YY) _____ Total Hours: _____

Total number of hours of counseling experience provided by practicum/internship: _____

South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho-Educational Specialists
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4658 • Contact.Counselor@llr.sc.gov • Fax: 803-896-4719
llr.sc.gov/cou

PLAN AND ARRANGEMENTS FOR CLINICAL SUPERVISION OF POST-MASTER'S CLINICAL EXPERIENCE IN ADDICTION COUNSELING

Required by Applicants for LAC:

- Please print or type.
- This form must be signed by the licensed supervisor and supervisor candidate (if applicable) and by the applicant/LAC associate. Please refer to www.llr.sc.gov/cou/ for a current list of licensed professional counselor supervisors.
- It is the applicant's responsibility to return this form to SCLLR. LAC associate applications are considered incomplete without this form.
- If you have already been approved for licensure or issued a license in South Carolina, send this form and all documentation to South Carolina Board of Professional Counselors to the address above.

Applicant Name: (Last, first, middle initial) _____

Social Security No.: *** - * - _____
(Last 5 digits)

I have applied for licensure by the South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho-Educational Specialties and I am required to make arrangements for board-approved supervision of my counseling practice in order to become board eligible.

_____ _____
Applicant's Signature Date

Licensed Supervisor or Supervisor Candidate Verification Information (To be completed by supervisor)

Check appropriate category: ☐ Supervisor ☐ Supervisor Candidate

Name: (Last, first, middle initial) _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip (+4): _____

Daytime Telephone No.: _____

LAC/S Name: _____
(If supervision is to be completed by a supervisor candidate, indicate the candidate's supervisor)

LAC/S License No.: _____ LAC/S License Expiration Date: _____

As per Regulation 36-11(3), applicants for full licensure must submit documentation of completion of a minimum of one thousand one hundred twenty (1120) hours of post-master's clinical experience and post-master's supervision in addiction counseling performed over a period of not fewer than two (2) years. Of the one thousand one hundred twenty (1120) hours, there must be a minimum of one thousand (1,000) hours of documented direct client contact with clients presenting with addiction issues, and a minimum of one hundred-twenty (120) hours of documented supervision by a licensed addiction counselor supervisor or other qualified licensed practitioner approved by the Board. At least sixty (60) hours of the supervision hours must be individual triadic, and the remaining sixty (60) hours may be individual/triadic or group. The Board may consider accepting supervised experience hours required pursuant to Reg. 36-11 that were obtained within a reasonable time prior to the effective date of that regulation, where the supervision was with an appropriately qualified supervisor, as determined by the Board. However, no more than 50% of the required hours may be obtained under this carryover provision. For more information about supervisory requirements, contact the South Carolina Board at: Contact.Counselor@llr.sc.gov.

Provide details of your plan to complete the required supervised experience. The dates must reflect a two-year period beginning no earlier than you anticipate being licensed as an LAC associate. Incomplete plans will delay your application process.

Facility name, address, telephone and type of work experience (planned over two years)	Position Title	From (MM/YY)	To (MM/YY)

1. **Plan for supervised clinical experience of direct counseling client contact:**
(Must reflect a minimum of 1,000 hours of supervised clinical experience.)

Plan for 1,000 hours of direct client contact in addiction counseling of individuals, couples or groups under the supervision of a licensed addiction counselor supervisor, addiction counselor supervisor candidate, or other qualified licensed mental health practitioner.	Total Hours	From (MM/YY)	To (MM/YY)

2. **Plan for required 120 hours of post-master's immediate supervision by a licensed addiction counselor supervisor or supervisor candidate:**

	Total Hours	From (MM/YY)	To (MM/YY)
A. Individual (a minimum of 60 hours required to be individual supervision)			
B. Group			
Total hours of supervision by a licensed addiction counselor supervisor or supervisor candidate.			

If you plan to be supervised by a supervisor candidate, you must have the supervisor of the LAC supervisor candidate sign this form, also.

Signature of Supervisor: _____ Date: _____
(Original signature required)

Signature of Supervisor Candidate: (If applicable) _____ Date: _____
(Original signature required)

SUPERVISION

Regulation 36-01 defines supervision as:
(1) "Supervision" means direct contact between a supervisor and an intern associate or other person requiring supervision under this chapter. Seventy five (75%) percent of the supervision must be face to face, and the remaining twenty five (25%) percent may be conducted via a HIPAA compliant technological medium. During this time, the person supervised apprises the supervisor of the diagnosis and treatment of each client seen during the supervisory process. The supervisor provides the supervised person with oversight and guidance in diagnosing, treating, and dealing with clients, and the supervisor evaluates the supervised person's performance. The focus of a supervision session is on raw data from clinical work which is made directly available to the supervisor through such means as written clinical materials, direct (live) observation, co therapy, audio and video recordings, and live supervision. Supervision is a process clearly distinguishable from personal psychotherapy and is contrasted in order to serve professional goals. The major focus in supervision of supervisors is on the development of supervisory abilities as opposed to an exclusive focus on clinical skills.
(2) "Group supervision" means a regularly scheduled meeting of not more than six (6) supervisees, and an approved supervisor, for a minimum of two (2) hours.
(3) "Individual/triadic supervision" means a meeting of one (1) or two (2) supervisees with a supervisor for a period of at least a one (1) hour session.

South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho-Educational Specialists
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4658 • Contact.Counselor@llr.sc.gov • Fax: 803-896-4719
llr.sc.gov/cou

LAC CONFIRMATION OF CLINICAL SUPERVISION OF POST-MASTER'S CLIENT CONTACT

Required by Applicants for LAC:

- Please print or type.
- This form must be signed by the licensed supervisor and supervisor candidate (if applicable) and by the applicant/LAC associate. Original signatures are required.
- It is the applicant's responsibility to return this form to SCLLR. LAC associate applications are considered incomplete without this form.
- Applicants who are required to be LAC associates should return this completed form after the completion of the two-year Associate licensure period. Mail to: SC Board of Professional Counselors to the address above.

Applicant Name: (Last, first, middle initial) _____

Social Security No.: *** - * - _____
(Last 5 digits)

I have applied for licensure by the South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho-Educational Specialties. I am required to provide documentation of a minimum of 120 hours of supervision with a licensed professional counselor supervisor or supervisor candidate of which a minimum of 100 hours are required to be individual supervision and 20 of these hours can be either group or individual supervision. Please complete the information below and return the form to me.

_____ _____
Applicant's Signature Date

Licensed Supervisor or Supervisor Candidate Verification Information (To be completed by supervisor)

Check appropriate category: ☐ Supervisor ☐ Supervisor Candidate

Name: (Last, first, middle initial) _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip (+4): _____

Daytime Telephone No.: _____

LAC/S Name: _____
(If supervision is to be completed by a supervisor candidate, indicate the candidate's supervisor)

LAC/S License No.: _____ LAC/S License Expiration Date: _____

☐ I verify that the applicant was under my supervision, at which time I critiqued the applicant's counseling and counseling-related skills based on one or more of the following forms of observation of the supervisee's counseling practice: (Check all that apply)

☐ Direct/Live Observation ☐ Live Supervision ☐ Audio Recordings
☐ Written Clinical Materials ☐ Video Recordings ☐ Co-Therapy

APPLICANT'S EMPLOYMENT

Name, address, telephone and type of work experience (minimum of two years' experience)	Total Years	From (MM/YY)	To (MM/YY)

1. Confirmation of Supervised Clinical Experience of Direct Counseling Client Contact
(Must reflect a minimum of 1,000 hours of supervised clinical experience.)

Confirmation of 1,000 hours of direct client contact in addiction counseling of individuals, couples or groups under the supervision of a licensed addiction counselor supervisor, supervisor candidate, or other qualified licensed mental health practitioner.	Total Hours	From (MM/YY)	To (MM/YY)

2. Confirmation of 120 Hours of Post-Master's Immediate Supervision
Confirmation of hours of supervision by a licensed addiction counselor supervisor or supervisor candidate (attach the supervision log)

	Total Hours	From (MM/YY)	To (MM/YY)
A. Individual (a minimum of 60 hours required to be individual supervision)			
B. Group			

RECOMMENDATION

☐ I recommend / ☐ I do not recommend this applicant for licensure as a South Carolina licensed professional addiction counselor. **Note:** If you do not recommend this applicant/Associate, the board requests that you send a separate letter directly to the board office stating your reasons.

Additional comments: _____

AFFIDAVIT

I attest that all information provided herein concerning supervision and work experience is accurate to the best of my knowledge and is in keeping with the Professional Counselors, Marriage and Family Therapists, Addiction Counselors, and Psycho-Educational Specialist Practice Act. I understand that supervision for licensed associates and the duration for associate licensure are for a period of not less than two years.

Signature of Supervisor: _____ Date: _____
(Original signature required)

Signature of Supervisor Candidate: (If applicable) _____ Date: _____
(Original signature required)

South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho-Educational Specialists
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4658 • Contact.Counselor@llr.sc.gov • Fax: 803-896-4719
llr.sc.gov/cou

LPC/LMFT/LAC ASSOCIATE SUPERVISION LOG

Supervisee: _____

Supervisor: _____ Supervisor License No.: _____

Date	Individual Supervision Time	Group Supervision Time	Supervisor's Signature and/or Initials
	hrs min	hrs min	
	hrs min	hrs min	
	hrs min	hrs min	
	hrs min	hrs min	
	hrs min	hrs min	
	hrs min	hrs min	
	hrs min	hrs min	
	hrs min	hrs min	
	hrs min	hrs min	
	hrs min	hrs min	
	hrs min	hrs min	
	hrs min	hrs min	
Page Totals	hrs min		
Total Time	hrs min		

South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho-Educational Specialists
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4658 • Contact.Counselor@llr.sc.gov • Fax: 803-896-4719
llr.sc.gov/cou

VERIFICATION OF LICENSURE

Required for those applying for licensure by endorsement.

Part I – To be completed by the South Carolina applicant.

Applicant Name: (Last, first, middle initial) _____

Social Security No.: *** - * - _____ (Last 5 digits) Applicant's License No.: _____ Type of License: _____

I hereby authorize the release of licensure information to the South Carolina Board of Examiners Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors, and Psycho-Educational Specialists.

_____ _____
Applicant's Signature Date

Part II – To be completed by the state board where the South Carolina applicant is currently licensed.

Board: Please send this form directly to Counselors Board at the address above when completed. You may send a state-issued license verification in lieu of this form.

Title of License: _____

Date of Initial License: _____ Expiration Date of License: _____

Is this license current and in good standing? ☐ Yes ☐ No

Was this license issued through a grandfathering clause? ☐ Yes ☐ No

Did the licensee take and pass a written examination? ☐ Yes ☐ No

If Yes, score achieved: _____

Name of exam taken: _____

Date exam passed: _____

Is there any record of disciplinary action taken against this licensee? ☐ Yes ☐ No

If Yes, please include disciplinary information.

Do you require verification of continuing education for licensure renewal? ☐ Yes ☐ No

Number of years in licensure period: _____

Number of hours per licensure period: _____

Form completed by:

Name and Title: (Please type or print) _____ *Board Seal*

Signature: _____

Board address and telephone no.: _____

_____