



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**

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**APPLICATION FOR LICENSURE AS A  
MARRIAGE AND FAMILY THERAPY SUPERVISOR**

An applicant for licensure as marriage and family therapy supervisor must:

- hold a current, active, and unrestricted South Carolina Marriage and Family Therapy License; and
- provide evidence acceptable to the Board of at least five (5) years of continuous clinical experience immediately preceding the application; and
- submit evidence of a minimum of thirty-six (36) hours of individual/triadic supervision over no less than a two-year period, by a Board licensed Marriage and Family Therapy Supervisor, or other approved qualified mental health professional, of the applicant’s supervision of at least two (2) and no more than six (6) marriage and family therapy associates; and
- submit evidence of a minimum of three (3) semester hours of graduate study in supervision, or other training approved by the Board. In addition to graduate study, this requirement can be satisfied by taking 45 hours of a Board approved course or training in supervision. See board web page for more information on satisfying this requirement.

**Include with your application:**

- Check or money order in the amount of \$100 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 Social Security Card
- Legal documentation for name change, if applicable
- Verification of Lawful Presence, attached

**SC LMFT License Number:** \_\_\_\_\_

**APPLICANT INFORMATION**

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

Have you had a legal name change since being licensed as an LMFT?  Yes  No Prior Name: \_\_\_\_\_

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: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**CLINICAL EXPERIENCE IN MARRIAGE AND FAMILY THERAPY HISTORY**

Have you had five years of continuous clinical experience in marriage and family therapy for the five years immediately preceding the date of this application? Yes      No

Provide the following information pertaining to your clinical experience history (Attach additional sheet if needed.)

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
MM/YY – MM/YY

**OUT OF STATE LICENSURE:**

If part of your supporting evidence of five continuous years of clinical experience took place out of SC, have a license verification sent directly to the Board from the state(s) where you were/are licensed. Attach an additional sheet if space is needed to list more states.

State: \_\_\_\_\_ Type of License (LMFT/LMFT Supervisor): \_\_\_\_\_ License No: \_\_\_\_\_

State: \_\_\_\_\_ Type of License (LMFT/LMFT Supervisor): \_\_\_\_\_ License No: \_\_\_\_\_

**CLINICAL EXPERIENCE IN MARRIAGE AND FAMILY THERAPY HISTORY -OUT OF STATE**  
(Attach additional sheet if needed.)

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
MM/YY – MM/YY

**PROFESSIONAL EDUCATION INFORMATION**

Have you attached an official transcript evidencing a minimum of three (3) semester hours of graduate study in supervision oriented to your discipline, or evidence of other study or training approved by the Board? Yes      No

(In addition to graduate study, this requirement can be satisfied by taking 45 hours of Board approved courses or training in supervision. See board website for more information on satisfying this requirement)

**SUPERVISION EXPERIENCE**

Have you attached a copy of the [LMFT Confirmation of Supervision Hours for Supervisor Candidate](#) form? Yes      No

LMFT Supervisor Name: \_\_\_\_\_ License No.: \_\_\_\_\_

**OR**

**Approved Qualified Mental Health Practitioner**

Name: \_\_\_\_\_ License Type: \_\_\_\_\_ License No.: \_\_\_\_\_

List the Licensed Marriage and Family Therapy Associates you supervised. A minimum of two are required but no more than six.

LMFT-A Name: \_\_\_\_\_ License Number: \_\_\_\_\_

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LMFT-A Name: \_\_\_\_\_ License Number: \_\_\_\_\_

LMFT-A Name: \_\_\_\_\_ License Number: \_\_\_\_\_

**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.).

**Since you were initially licensed as a Marriage and Family Therapist:**

- 1. Have you had any application for any professional license refused or denied by any licensing authority? Yes No
- 2. Have your privileges been restricted or terminated by any association and/or licensed facility? Yes No
- 3. Have you been convicted of or pled guilty or nolo contendere to a felony, or to a crime involving drugs or moral turpitude? Yes No

**If yes, attach a detailed written statement, certified copy of the court disposition, an official statewide background check from the state in which the conviction occurred and from the South Carolina Law Enforcement Division <https://catch.sled.sc.gov/>). If applicable, have a statement from your probation or parole officer sent directly to the Board.**

- 4. Currently or within the last five years, have you practiced the profession under the influence of alcohol and/or drugs, or do you use alcohol and/or drugs to such a degree that you are unfit to competently and safely practice the profession? Yes No
- 5. Currently or within the last five years, have you sustained a physical or mental impairment or disability which renders your ability to practice dangerous to the public? Yes No

**STATEMENT OF APPLICANT**

I certify that all the information provided in the application is true and correct to the best of my knowledge. Should I furnish any false information on this application or on any supporting document or material, I understand that such an act may constitute cause for denial of my application or revocation of my 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



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)