



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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PC, MFT or AC ASSOCIATE LICENSE EXTENSION APPLICATION

After completing this application, log into your e-service account and upload to [Document Submission](#) along with supporting documentation.

Submit with application:

- Updated Plan for Clinical Supervision of Post-Master’s Clinical Experience in Counseling Form
- Confirmation of Clinical Supervision of Post-Master’s Client Contact Form for hours that have been completed.
- Associate Supervision Log of completed hours

Name (as shown on license): _____ License No.: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Please provide a short explanation for the reason an extension is needed.

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.).

You do not need to re-disclose anything you previously disclosed on your initial application.

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|--|-----|----|
| 1. Since you were initially licensed as an Associate, have you ever had any application for any professional license refused or denied by any licensing authority? | Yes | No |
| 2. Since you were initially licensed as an Associate, have your privileges been restricted or terminated by any association and/or licensed facility? | Yes | No |

3. Since you were initially licensed as an Associate, 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 certified copy of the court records regarding your conviction, the nature of the offense, date of discharge. Also, if applicable, have a statement from your probation or parole officer sent directly to the Board.

4. Since you were initially licensed as an Associate, 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. Since you were initially licensed as an Associate, 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

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. By signing below, I certify that I have read and understand the Board's [statutes](#), [regulations](#), and the Code of Ethics specific to the professional license I am seeking.

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