



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

www.llr.sc.gov/POL/Counselors/

ASSOCIATE EXTENSION FORM

Due to circumstances beyond my control, I have been unable to complete the supervisory and/or experience requirements to qualify me for the Professional Counselor OR Marriage & Family Therapist license. A 24-months extension to my current license is needed in order to allow me time to complete these requirements.

I understand that an extension fee of \$150.00 is applicable and has been included with this request. Inasmuch as my Plan for Clinical Supervision is now out-of-date, I am furnishing an updated Plan signed by my supervisor.

Licensee Name

License #

Expiration Date

Date

Signature

CURRENT MAILING ADDRESS INFORMATION:

Current Mailing Address

City/State/Zipcode

Home Telephone #

E-Mail Address

CURRENT BUSINESS ADDRESS INFORMATION:

Current Employer

Business Address:

City/State/Zipcode

Business Phone:

A check or money order made payable to SC Board of Counselors should be mailed to:
SC Board of Professional Counselors
P O Box 11329
Columbia, SC 29211-1329

You must submit the following: Extension form, updated Plan for Clinical Supervision form, letter with brief explanation and \$150.00 extension fees

Office Use Only	
Fee Pd. \$	_____
Check #	_____
Date Rec'd	_____