



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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TRANSFER REQUEST FORM

I attest that all information provided herein concerning supervision, direct client contact hours and work experience is accurate. I understand that supervision for licensed Associates and the duration for Associate licensure are for a period of not less than two years.

I have completed all of the requirements for full licensure and since I have met these requirements, I would like to request a transfer of my Associate license to full licensure as a Licensed Professional Counselor or Licensed Marriage & Family Therapist.

_____	_____
Date	Signature
_____	_____
Associate License #	Expiration Date of Associate License
_____	_____
Current Address	City/State/Zip Code
_____	_____
Home Telephone #	Business Telephone #

Checklist

You must submit the following:

- Confirmation of Clinical Supervision form from each Supervisor
- Log of hours attached to each Confirmation form
- Transfer Request Form
- No fees are required at this time. The Board will review your documentation and send you a letter indicating the pro-rated fees required to activate a new license.
- Mail the documentation to the address on this letterhead