



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

VERIFICATION OF LICENSURE FOR ENDORSEMENT

Name of Applicant (Please Print): _____

Address: _____

I hereby authorize release of licensure information to the SC Board of Examiners for Counselors and Therapists. Please complete this form and return to the licensing board at the above address.

_____ Date

_____ Signature

THIS SECTION TO BE COMPLETED BY THE DISTANT STATE LICENSING BOARD

1. License currently held: _____ No. _____

2. Expiration Date: _____ Date first issued: _____

3. Is this license current and in good standing? Yes No
If not, please explain on the back of this form.

4. Was this license issued through a grandfathering clause? Yes No

5. Did the licensee take and pass a written examination? Yes No
If yes, score achieved: _____
Name of exam taken: _____
Date exam passed: _____

6. Is there any record of disciplinary action taken against this licensee? Yes No
If yes, please explain (use reverse side of form if needed).

7. Do you require verification of CE for licensure renewal? Yes No
_____ Number of years in licensure period
_____ Number of hours per licensure period

Form completed by: _____

_____ Print Name

_____ Signature

_____ Title

_____ State Board Address
