



**RECORD OF OUT OF STATE LICENSE**

State	Profession	License/ Certificate Number	Initial License Date	Status (Active, expired, disciplined)

**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.).

1. Have you ever had any application for any professional license, certification, or registration refused or denied by any licensing authority?  
 Yes  No
  
2. Have you ever been refused or denied the privilege of taking an examination required for any professional license?  
 Yes  No
  
3. Have you ever been the subject of disciplinary action with regard to a license, been revoked or sanctioned by any licensing authority, association, licensed facility, or staff of such facility?  
 Yes  No
  
4. Have your privileges ever been restricted or terminated by any association, licensed facility, or staff of such facility; or have you ever voluntarily or involuntarily resigned or withdrawn from such association or facility to avoid imposition of such measures?  
 Yes  No
  
5. To your knowledge are there unresolved or pending complaints against you with any federal or state agency, professional association, licensed hospital or clinic, or staff of such hospital or clinic?  
 Yes  No
  
6. Have you been convicted (including a nolo contendere plea or guilty plea) in any state or federal court of a felony of any kind or of a non-felony crime involving drugs or moral turpitude, whether or not sentence was imposed or suspended?  
 Yes  No

**If Yes, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from any probation or parole officer sent directly to the Board from the above-mentioned authorities.**

7. Do you currently have a drug or alcohol addiction that might interfere with your ability to competently and safely perform the essential functions of practice?  
 Yes  No
8. Do you currently have any physical, mental, or emotional condition that might interfere with your ability to competently and safely perform the essential functions of practice?  
 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 shall constitute cause for denial of my application or revocation of my addictions counselor license.

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Applicant Signature

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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 services.



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

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**REQUIREMENTS FOR LAC SUPERVISOR LICENSURE  
REGULATION 36-12**

An applicant for licensure as Addiction Counselor Supervisor must:

1. Submit an application on forms approved by the Board, along with the required fee;
2. Hold a current, active and unrestricted South Carolina Addiction Counselor license;
3. Submit evidence acceptable to the Board of at least three (3) years of being in the practice of addiction counseling immediately preceding the application. Submit written verification, on letterhead, to include inclusive dates (from/to) of at least three (3) years of continuous clinical experience immediately preceding the application. At least two (2) years of the three (3) years must be supervising the clinical casework of other Addiction Counselors or licensed counselors (this is not administrative supervision); this must be verified on separate letterhead, to include inclusive dates; and
4. either (a) or (b) and (c):
  - a. currently hold a LPC-S, LMFT-S or CCS by SCAADAC; or
  - b. submit evidence of a minimum of thirty-six (36) hours of individual/triadic supervision over a period of no less than two years, by a licensed addiction counselor supervisor or supervisor approved by the Board, of the applicant's supervision of at least two (2) and maximum of six (6) licensed addiction counselor associates; and
  - c. evidence of a minimum of three (3) semester hours of graduate study in supervision oriented to their discipline or training approved by the Board.

All of the above mentioned items must be submitted at the time of application.



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)



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**VERIFICATION OF LICENSURE**

Required for those applying for licensure by endorsement.

**Part I – To be completed by the South Carolina applicant.**

Applicant Name: (Last, first, middle initial) \_\_\_\_\_

Social Security No.: \*\*\* - \* - \_\_\_\_\_ Applicant's License No.: \_\_\_\_\_ Type of License: \_\_\_\_\_  
(Last 5 digits)

*I hereby authorize the release of licensure information to the South Carolina Board of Examiners Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors, and Psycho-Educational Specialists.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Part II – To be completed by the state board where the South Carolina applicant is currently licensed.**

Board: Please send this form directly to Counselors Board at the address above when completed. You may send a state-issued license verification in lieu of this form.

Title of License: \_\_\_\_\_

Date of Initial License: \_\_\_\_\_ Expiration Date of License: \_\_\_\_\_

Is this license current and in good standing?  Yes  No

Was this license issued through a grandfathering clause?  Yes  No

Did the licensee take and pass a written examination?  Yes  No

If Yes, score achieved: \_\_\_\_\_

Name of exam taken: \_\_\_\_\_

Date exam passed: \_\_\_\_\_

Is there any record of disciplinary action taken against this licensee?  Yes  No

If Yes, please include disciplinary information.

Do you require verification of continuing education for licensure renewal?  Yes  No

Number of years in licensure period: \_\_\_\_\_

Number of hours per licensure period: \_\_\_\_\_

**Form completed by:**

Name and Title: (Please type or print) \_\_\_\_\_

*Board Seal*

Signature: \_\_\_\_\_

Board address and telephone no.: \_\_\_\_\_