



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](mailto:Contact.Counselor@llr.sc.gov) • Fax: 803-896-4719  
[www.llr.sc.gov/POL/Counselors/](http://www.llr.sc.gov/POL/Counselors/)



**RE-APPLICATION and EDUCATION REVIEW FOR  
MARRIAGE & FAMILY THERAPY INTERN OR MARRIAGE & FAMILY THERAPY LICENSE**

INSTRUCTIONS	PLEASE TYPE OR PRINT	USE BLACK INK
<p>1. Applicant must complete all sections. This application is good for three years from the initial date submitted.</p> <p>2. If additional information is needed for any questions, please attach a separate sheet.</p> <p>3. Applications <b>must</b> contain the following 3 items:</p> <ul style="list-style-type: none"> <li>• Completed, signed and notarized application</li> <li>• \$130 application fee</li> <li>• Updated Plan for Clinical Supervision form (for Interns only)</li> <li>• Official transcript reflecting masters degree</li> </ul> <p>4. Complete application package should be mailed to:  SC Board of Professional Counselors  Post Office Box 11329  Columbia, SC 29211-1329</p> <p>Telephone: (803) 896-4658</p> <p><b>FEES:</b> Attach application fee of \$130.00 (personal check, money order, or cashier's check made payable to the SC Board of Counselors). If application is approved for licensure, you will be notified to remit a license activation fee.</p> <p><b>ALL FEES ARE NON-REFUNDABLE. SC LAPSED LICENSE#</b> _____</p>		<p><b>FOR OFFICE USE ONLY</b>  DATE RECEIVED STAMP</p>
		<p>Application Fee Pd. _____</p> <p>Check # _____</p> <p>Lic. Activation Fee Pd. _____</p> <p>Check # _____</p> <p>License Number(s) _____</p>

I. GENERAL INFORMATION		
Name (Last, First, Middle Initial, Suffix)	Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Date of Birth
Maiden Name	Home Congressional District#	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Preferred Mailing Address (Street and/or Box No., City, State, Zip, County)		
Home Address (Street, City, State, Zip, County)	<input type="checkbox"/> Home Phone _____ <input type="checkbox"/> Cell Phone _____ <input type="checkbox"/> Home Email _____	
Business Name and Address (Street, City, State, Zip)	<input type="checkbox"/> Work Phone _____ <input type="checkbox"/> Work Email _____	

Social Security No.: \_\_\_\_\_

Race: (for statistical purposes only)

- American Indian  
  African American/Black  
  Caucasian/White  
  Hispanic/Spanish Origin  
 Asian/Oriental  
  Other

**II. EDUCATIONAL EXPERIENCE**

OFFICIAL COPIES OF ALL GRADUATE DEGREE TRANSCRIPTS MUST BE SENT TO BOARD OFFICE DIRECTLY FROM THE UNIVERSITY OR COLLEGE. COPIES OF DIPLOMAS ARE UNACCEPTABLE.

GRADUATE UNIVERSITY ATTENDED		DATES ATTENDED				DEGREE	CONFERRED	
UNIVERSITY/COLLEGE	CITY AND STATE	FROM		TO			MON.	YR.
		MON.	YR.	MON.	YR.			
A.								
B.								
C.								
D.								
E.								

**PRACTICUM/INTERNSHIP SERVED AS PART OF DEGREE PROGRAM**

FROM		TO		INSTITUTION NAME
MON.	YEAR	MON.	YEAR	
				INSTITUTION ADDRESS
				DIRECTOR OF PROGRAM
TOTAL HOURS OF INDIVIDUAL SUPERVISION RECEIVED				MAJOR SUPERVISOR
FROM		TO		INSTITUTION NAME
MON.	YEAR	MON.	YEAR	
				INSTITUTION ADDRESS
				DIRECTOR OF PROGRAM
TOTAL HOURS OF INDIVIDUAL SUPERVISION RECEIVED				MAJOR SUPERVISOR
FROM		TO		INSTITUTION NAME
MON.	YEAR	MON.	YEAR	
				INSTITUTION ADDRESS
				DIRECTOR OF PROGRAM
TOTAL HOURS OF INDIVIDUAL SUPERVISION RECEIVED				MAJOR SUPERVISOR
FROM		TO		INSTITUTION NAME
MON.	YEAR	MON.	YEAR	
				INSTITUTION ADDRESS
				DIRECTOR OF PROGRAM
TOTAL HOURS OF INDIVIDUAL SUPERVISION RECEIVED				MAJOR SUPERVISOR

**LIST ALL COURSES TAKEN FOR GRADUATE CREDIT & ATTACH CATALOG DESCRIPTION. A COURSE CAN BE LISTED ONLY ONCE.**

**A. THEORETICAL FOUNDATIONS (3 COURSES) One of which must be an introductory course**

COURSE NO.	DEPARTMENT	TITLE OF COURSE	DATE TAKEN

**B. CLINICAL PRACTICE (3 COURSES)**

COURSE NO.	DEPARTMENT	TITLE OF COURSE	DATE TAKEN

**C. PSYCHOPATHOLOGY (1 COURSE)**

COURSE NO.	DEPARTMENT	TITLE OF COURSE	DATE TAKEN

**D. DIAGNOSTICS OF PSYCHOPATHOLOGY (1 COURSE)**

COURSE NO.	DEPARTMENT	TITLE OF COURSE	DATE TAKEN

**E. INDIVIDUAL DEVELOPMENT AND FAMILY RELATIONS (2 COURSES)**

COURSE NO.	DEPARTMENT	TITLE OF COURSE	DATE TAKEN

**F. PROFESSIONAL IDENTITY, LEGAL, AND ETHICAL ISSUES (1 COURSE)**

COURSE NO.	DEPARTMENT	TITLE OF COURSE	DATE TAKEN

G. RESEARCH (1 COURSE)			
COURSE NO.	DEPARTMENT	TITLE OF COURSE	DATE TAKEN

  

H. CLINICAL EXPERIENCE/PRACTICUM (3 COURSES) (300 HOURS OF CLINICAL CONTACT, ONE HALF (1/2) OF WHICH MUST BE RELATIONAL. A MINIMUM OF 50 HOURS OF CLINICAL SUPERVISION MUST BE PROVIDED BY A MFT SUPERVISOR)			
COURSE NO.	DEPARTMENT	TITLE OF COURSE	DATE TAKEN

**III. EXAM INFORMATION**

Have you taken and passed the national marriage and family therapy examination?

Yes \_\_\_\_\_ No \_\_\_\_\_

Date Taken: \_\_\_\_\_

<p><b>PRACTICE QUESTION:</b>          Have you practiced your licensed profession in South Carolina since your last active renewal date?          YES _____ NO _____  <b>If you answered yes, provide details in a sealed envelope marked "PRACTICE QUESTION".</b></p>
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#### IV. PERSONAL HISTORY and DISCIPLINARY RECORD

If **yes** to any of the questions below, please explain fully in a letter and attach.

1. Have you ever had any application for any professional license, certification, or registration refused or denied by any licensing authority?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Have you ever been refused or denied the privilege of taking an examination required for any professional license?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
5. To your knowledge have any unresolved or pending complaints ever been filed against you with any federal or state agency, professional association, licensed hospital or clinic, or staff of such hospital or clinic?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Have you ever been arrested, charged or convicted (including a <u>nolo contendere</u> plea or guilty plea) in any state or federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? <b>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 the probation or parole officer sent directly to the Board from the above-mentioned authorities.</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Currently are you being treated or within the last five years, have you been treated for drug or alcohol addiction that might interfere with your ability to competently and safely perform the essential functions of practice?	YES <input type="checkbox"/> NO <input type="checkbox"/>
8. Have you ever been court martialled or discharged other than honorably from the armed service?	YES <input type="checkbox"/> NO <input type="checkbox"/>
9. Currently or within the last five years, have you been treated for any physical, mental, or emotional condition that might interfere with your ability to competently and safely perform the essential functions of practice?	YES <input type="checkbox"/> NO <input type="checkbox"/>
10. Currently or within the last five years, have you developed any disease or conditions, physical, mental or emotional that might interfere with your ability to competently and safely perform the essential functions of practice?	YES <input type="checkbox"/> NO <input type="checkbox"/>

**V. AFFADAVIT**

I, the below named applicant, being duly sworn, do hereby affirm that I am the person referred to in this application for a license to practice as a Marriage and Family Therapist Intern or Marriage and Family Therapist in South Carolina and that all foregoing statements and enclosures are true in every respect.

Enclosed is the non-refundable \$130.00 application fee in the form of a money order, cashier's check or bank draft made payable to the SC Board for Counselors.

The Board of Examiners may require further evidence that it deems reasonable and proper from the sources above.

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b> ⇨		APPLICANT SIGNATURE	
NOTARY PUBLIC INFORMATION SEAL*	<b>STATE OF SOUTH CAROLINA</b>		COUNTY
	SUBSCRIBED AND SWORN BEFORE ME THIS		
	DAY OF	19	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	USE RUBBER STAMP IN CLEAR AREA BELOW
NOTARY PUBLIC NAME (TYPE OR PRINTED)			
<b>*OUT-OF-STATE NOTARIES MUST AFFIX RAISED NOTARIAL SEAL</b> Rev 6/12			

**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.



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)