



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

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



APPLICATION FOR LICENSURE AS PROFESSIONAL COUNSELOR SUPERVISOR

INSTRUCTIONS	PLEASE TYPE OR PRINT	USE BLACK INK
<p>1. Applicant must complete all sections and sign the form.</p> <p>2. If additional information is needed for any section, please attach a separate sheet.</p> <p>3. Complete applications should be mailed to:</p> <p style="padding-left: 40px;">SC Board of Professional Counselors Post Office Box 11329 Columbia, SC 29211-1329 Telephone: (803) 896-4658</p> <p>4. Fee: Attach application fee of \$100.00 (personal check, money order, or cashier's check made payable to the SC Board of Professional Counselors). If approved for licensure, you will be notified to remit license activation fee. ALL FEES ARE NON-REFUNDABLE. This application is valid for three years from the date of submission to the SC Board office.</p> <p>I HEREBY APPLY FOR LICENSURE AS:</p> <p><input type="checkbox"/> Licensure as a LPC Supervisor</p> <p><input type="checkbox"/> I am currently licensed as an LPC in South Carolina -License # _____</p> <p><input type="checkbox"/> My LPC license expires on _____.</p>		<p>FOR OFFICE USE ONLY</p> <p>DATE RECEIVED STAMP</p> <p>Application Fee Pd. _____</p> <p>Check # _____</p> <p>Institution _____</p> <p>Lic. Activation Fee Pd. _____</p> <p>Check # _____</p> <p>License Number(s) _____</p> <p>Date of Approval _____</p> <p>Renewal Date _____</p>

I. GENERAL INFORMATION		
Name (Last, First, Middle Initial, Suffix, Maiden Name)	Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Preferred Mailing Address (Street and/or Box No., City, State, Zip) - add a residence address if this is not your residence		
<input type="checkbox"/> Home Phone: () _____ <input type="checkbox"/> Cell Phone: () _____ <input type="checkbox"/> Home Email: _____		
Business/Work Name and Address (Street and/or Box No., City, State, Zip)		<input type="checkbox"/> Work Phone: _____ <input type="checkbox"/> Work Email: _____
Race: (for statistical purposes only) <input type="checkbox"/> American Indian <input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Spanish Origin <input type="checkbox"/> Asian/Oriental <input type="checkbox"/> Other	Home Congressional District#	Date of Birth

Social Security No.: _____

II. DISCIPLINARY RECORD/PERSONAL HISTORY

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? 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.	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"/>

III. AFFADAVIT

I, _____, am the person described and identified, of good moral character, and the person named in all documents presented in support of this application. I have carefully read the questions in the forgoing application and have answered them completely, without reservation of any kind and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application I hereby agree that such act may constitute cause for denial or revocation of my license to practice in South Carolina.

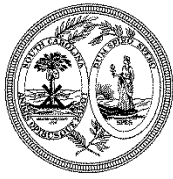
MUST BE SIGNED IN PRESENCE OF NOTARY →		APPLICANT SIGNATURE	
NOTARY PUBLIC INFORMATION SEAL*	STATE OF		COUNTY
	SUBSCRIBED AND SWORN BEFORE ME THIS		USE RUBBER STAMP IN CLEAR AREA BELOW
	DAY OF	20	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPE OR PRINTED)			
<p>*OUT-OF-STATE NOTARIES MUST AFFIX RAISED NOTARIAL SEAL Rev 6/12</p>			

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.

AFFIDAVIT OF ELIGIBILITY



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)