



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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LPES VERIFICATION OF SCHOOL PSYCHOLOGIST EMPLOYMENT

The applicant named below has applied for licensure as a Licensed Psycho-Educational Specialist. Verification of two years employment as a certified school psychologist in a school or comparable setting is required. At least one year must be under the direct supervision of an LPES.

One (1) year of experience is defined as full-time employment for one (1) contract year of at least one hundred ninety (190) work days. Two (2) consecutive years of half-time work may, at the discretion of the Board, be deemed to be equivalent to one (1) full year of experience.

Applicant: _____ Phone: _____

Employer should complete the below information.

EMPLOYMENT INFORMATION

Name of School/ Comparable Setting: _____

Address: _____

Name of Employer/ Supervisor: _____ **Phone:** _____

Dates of Employment:

Start Date: _____ **End Date:** _____ **Full-time** **Part-time**

Was the applicant employed as a certified school psychologist for the dates listed above? **YES** **NO**

Comments:

CERTIFICATION

I certify the information provided on the applicant's employment is true and correct. I also certified I am an authorized agent of the school/agency and may provide the information requested.

Name/Title: _____ **Date:** _____