



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

llr.sc.gov/cou

REQUIREMENTS FOR LICENSURE AS A PSYCHO-EDUCATIONAL SPECIALIST

Applicants for licensure must complete an application form furnished by the Board, and submit all required documents along with a non-refundable \$150 application fee. Applicants must meet the following education, certification, examination and experience requirements.

EDUCATION

An applicant must furnish the Board with satisfactory evidence that the applicant:

1. Holds from a regionally accredited institution of higher education, whose program is approved by the National Association of School Psychologists or the American Psychological Association:
 - (a) a master's degree plus thirty hours; or
 - (b) a sixty hour master's degree; or
 - (c) a specialist's degree, which must require sixty semester hours or ninety quarter hours; or
 - (d) a doctorate in school psychology;

OR

Has completed a substantially equivalent degree program that includes an earned master's, specialist's or doctoral degree in an applied area of psychology, education, or behavioral sciences from a regionally accredited institution, with completion of at least sixty graduate semester hours, and substantial preparation in coursework in the areas established in Reg. 36-13(2)(a)-(h), including a one year, 1200 hour internship, of which at least half must be in an approved school setting.

AND

2. Has completed a minimum of three (3) graduate semester hours in academic training from a college or university approved by the Board in both:
 - (a) **Psychopathology**, that provides the practitioner with an understanding of psychopathology, abnormal psychology, abnormal behavior, etiology dynamics, and treatment of abnormal behavior; **and**
 - (b) **Diagnostics**, that provides the practitioner with an understanding of the diagnostics of psychopathology.

CERTIFICATION

An applicant must provide evidence to the Board that the applicant is certified by the South Carolina Department of Education as a school psychologist level II or III;

EXAMINATION

An applicant must have a passing score on the school psychologist level II or level III examination. (Educational Training Service (ETS) (Praxis) School Psychology Examination)

EXPERIENCE

An applicant must provide evidence satisfactory to the Board that the applicant has successfully served as a certified school psychologist for at least two (2) years in a school or comparable setting, with one of the years being under the supervision of a licensed psycho-educational specialist with an emphasis in the treatment of serious problems as categorized in standard diagnostic nomenclature.

One (1) year of experience is defined as full-time employment for one (1) contract year of at least one hundred ninety (190) workdays. 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. The experience must include provision of a full range of services to children, youth, and families. Experience acquired under a provisional or temporary certificate in school psychology, or in a pre-degree practicum or internship, may not count toward this experience requirement.



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APPLICATION FOR LICENSURE AS A PSYCHO-EDUCATIONAL SPECIALIST (PES)

Include with your application:

- Check or money order in the amount of \$150 made payable to LLR-Board of Professional Counselors Application fee is non-refundable. A returned check fee of up to \$30, or an amount specified by law, **may** be assessed on all returned funds.
- Copy of your valid driver’s license, state issued ID, passport or military ID
- Copy of your social security card
- Legal documentation for name change (marriage cert, divorce decree, etc.)(if applicable)
- Verification of two years’ experience as a certified school psychologist in a school or comparable setting (LPES Employment Verification Form) (one year must be under supervision of LPES Supervisor.)
- Verification of one year’s experience under supervision of a licensed LPES Supervisor. (LPES Confirmation of Supervision Form)
- Copy of S.C. Department of Education certification as a school psychologist level II or III
- Proof of NCSP Credential, if applicable

Have submitted/mailed directly to the Board office address above from the issuing agent:

- Official Transcripts

APPLICANT INFORMATION

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Have you ever had a legal name change? Yes No Maiden/Prior Name: _____
 If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
 (If different than above)

Phone: _____ Email Address: _____

Date of Birth: _____ Social Security No.: _____

Gender (For statistical purposes only): Female Male

EXAM INFORMATION

Indicate which level of ETS (Praxis) Examination you have taken and passed:

Level II Level III

PROFESSIONAL EDUCATION INFORMATION

Contact all graduate institutions and have an official transcript mailed or emailed directly to the Board. Undergraduate transcripts are not needed. You may include with your application unopened, sealed transcripts that were mailed to you from the school.

Do you have a specialist or school psychology graduate degree from a program approved by the National Association of School Psychologists or the American Psychological Association, or do you have a National School Psychologist (NCSP) credential issued after January 1, 1988? Yes No

Institution/Program	Attendance Dates (MM/YR – MM/YR)	Graduation Date	Degree Earned

TRAINING IN PSYCHOPATHOLOGY AND DIAGNOSTICS

All applicants must show completion of a graduate level, 3-semester hour course for each category below, or a combination of coursework

Course Category	Course Title	Course Number	Credit Hours	Institution Where Course Taken
Psychopathology: Studies that provide an understanding of morbidity or pathology of the psyche or mind. These courses focus on psychopathology, abnormal psychology, abnormal behavior, etiology dynamics, and treatment of abnormal behavior.				
Diagnostics of Psychopathology: Studies that provide an understanding of the diagnostics of psychopathology as detailed in the current Diagnostic Statistical Manual of Mental Disorders.				

CERTIFICATION IN SCHOOL PSYCHOLOGY

TYPE OF CERTIFICATE:	Certificate Number	Expiration Date
SC Level II School Psychologist	_____	_____
SC Level III School Psychologist	_____	_____
Nationally Certified School Psychologist	_____	_____

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.

- 1. Have you ever had any application for any professional license refused or denied by any licensing authority? Yes No
- 2. Have your privileges ever been restricted or terminated by any association and/or licensed facility? Yes No
- 3. Have you been convicted of or pled guilty or nolo contendere to a felony, or to a crime involving drugs or moral turpitude? Yes No

If yes, attach a detailed written statement, certified copy of the court disposition, an official statewide background check from the state in which the conviction occurred and from the South Carolina Law Enforcement Division <https://catch.sled.sc.gov/>. If applicable, have a statement from your probation or parole officer sent directly to the Board.

- 4. Currently or within the last five years, have you practiced the profession under the influence of alcohol and/or drugs, or do you use alcohol and/or drugs to such a degree that you are unfit to competently and safely practice the profession? Yes No
- 5. Currently or within the last five years, have you sustained a physical or mental impairment or disability which renders your ability to practice dangerous to the public? 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.

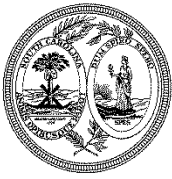
Applicant Signature

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.



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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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:** _____



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LPES'S CONFIRMATION OF SUPERVISION

Documentation of one year of employment under the direct supervision of an LPES is required for licensure as a PES.

Applicant Name: _____ Phone: _____

This form must be completed by the licensed PES who provided supervision.

SUPERVISOR INFORMATION

Name of Supervisor: _____ License No.: _____

Mailing Address: _____

Daytime Telephone No.: _____ Email: _____

Supervisor's Position: _____

Starting/Ending Dates of Supervision: (must be at least one year) Start _____ End _____

(The preponderance of supervision should be conducted through individual face-to-face sessions either in-person or on-line, average one hour per week for one year). 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.

I verify that the applicant was under my supervision, at which time I critiqued the applicant in providing a full range of services to children, youth and families in a school or comparable setting, and also included experience assessing and treating clients with the more serious problems as categorized in standard diagnostic nomenclature. Supervision encompassed the following forms of observation of the supervisee's psycho-educational practice: (Check all that apply)

- Direct/Live Observation
- Live Supervision
- Audio Recordings
- Written Clinical Materials
- Video Recordings
- Co-Therapy

RECOMMENDATION

I recommend / I do not recommend this applicant for licensure as a Psycho-Educational Specialist

Note: If you do not recommend this Applicant, the board requests that you send a separate letter directly to the board office stating your reasons.

Additional comments:

ATTESTATION

I attest that all information provided herein concerning supervision and work experience is accurate to the best of my knowledge and is in keeping with the Professional Counselors, Marriage and Family Therapists, Addiction Counselors, and Psycho-Educational Specialist Practice Act. I understand that supervision is for a period of not less than one year.

Signature of Supervisor: _____ Date: _____

(Original signature required)