



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/



RE-APPLICATION AND EDUCATION REVIEW FOR PSYCHO-EDUCATIONAL SPECIALIST 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 must contain the following 3 items:</p> <ul style="list-style-type: none"> • Completed, signed and notarized application • \$130 application fee • Official transcript reflecting masters degree <p>4. Complete application package should be mailed to: SC Board of Professional Counselors Post Office Box 11329 Columbia, SC 29211-1329 Telephone: (803) 896-4658</p> <p>FEES: Attach application fee of \$130.00 (personal check, money order, or cashier's check made payable to the SC Board of Counselors). If approved for licensure, you will be notified to remit license activation fee.</p> <p>ALL FEES ARE NON-REFUNDABLE.</p> <p>SC LAPSED LICENSE # _____</p>		<p>FOR OFFICE USE ONLY</p> <p>DATE RECEIVED STAMP</p> Application Fee Pd. _____ Check # _____ Lic. Activation Fee Pd. _____ Date Received _____ Check # _____ License Number(s) _____

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 _____		

Race: (for statistical purposes only)

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

II. CERTIFICATION IN SCHOOL PSYCHOLOGY

COURSES REQUIRED FOR THE FOLLOWING CERTIFICATIONS WILL BE APPROVED WITHOUT BOARD REVIEW

TYPE OF CERTIFICATE	CERTIFICATE #	EXPIRATION DATE
SC Level II School Psychologist		
SC Level III School Psychologist		
Nationally Certified School Psychologist		

III. EDUCATIONAL EXPERIENCE

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

GRADUATE UNIVERSITY ATTENDED		DATES ATTENDED				Degree	DATES CONFERRED	
UNIVERSITY/COLLEGE	CITY AND STATE	FROM		TO			MO.	YR.
		MO.	YR.	MO.	YR.		MO.	YR.
1.								
2.								
3.								
4.								

IV. WORK EXPERIENCE IN SCHOOL PSYCHOLOGY

DOCUMENT AT LEAST TWO YEARS OF EXPERIENCE IN A SCHOOL PSYCHOLOGY SETTING.

EMPLOYER	ADDRESS	Telephone#	DATES	
			From Mo/Yr	To Mo/Yr
1.				
2.				
3.				

V. EDUCATIONAL EXPERIENCE

PSYCHOPATHOLOGY

COURSE NO.	DATE TAKEN	TITLE OF COURSE	UNIV/COLLEGE

DIAGNOSTICS IN PSYCHOPATHOLOGY (DSM IV)

COURSE NO.	DATE TAKEN	TITLE OF COURSE	UNIV/COLLEGE

VI. 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? 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"/>
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PRACTICE QUESTION:

Have you practiced your licensed profession in South Carolina since your last active renewal date?

YES _____ NO _____

If you answered yes, provide details in a sealed envelope marked "PRACTICE QUESTION".

VII. 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 Licensed Psycho-Educational Specialist in South Carolina and that all foregoing statements and enclosures are true in every respect.

Enclosed is the non-refundable application and education review fee.

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

MUST BE SIGNED IN PRESENCE OF NOTARY →		APPLICANT SIGNATURE	
NOTARY PUBLIC INFORMATION SEAL*	STATE OF SOUTH CAROLINA		COUNTY
	SUBSCRIBED AND SWORN BEFORE ME THIS		
	DAY OF	20	USE RUBBER STAMP IN CLEAR AREA BELOW
	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>			



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)