



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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REINSTATEMENT APPLICATION

This reinstatement application may be used if the license has been lapsed for more than three (3) months but less than two (2) years. If your license has been lapsed more than two years, you will need to reapply for licensure. You may qualify for licensure by endorsement if you are actively licensed in another state.

Supervisors licensed as a Supervisor on or after 7/1/1998 must maintain both their supervisor license and their underlying professional license to practice as a Supervisor. For example, if you are an LPC/S, you must also have an LPC license.

Include with your application:

- Check or money order 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, if applicable
- Continuing education completion certificates

Indicate the credential(s) and license number(s) you wish to reinstate:

LPC LICENSE # _____ LPC-SUPERVISOR LICENSE # _____
 LMFT LICENSE # _____ LMFT-SUPERVISOR LICENSE # _____
 LAC LICENSE # _____ LAC-SUPERVISOR LICENSE # _____
 LPES LICENSE # _____

FEES:

LPC, LMFT, LAC or LPES is \$450 **per license** (\$300 reinstatement fee + \$150 renewal fee)

LPC/S, LMFT/S or LAC/S is \$400 **per license** (\$300 reinstatement fee + \$100 renewal fee)

APPLICANT INFORMATION

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

Since you were actively licensed, have you had a legal name change? YES NO 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 (required): _____

Date of Birth: _____ Social Security No.: _____

Business/Work Name: _____ Phone: _____

Business Address: _____ City: _____ State: _____ Zip: _____

OUT OF STATE LICENSURE

Since you were initially licensed or since you last renewed, have you been licensed in another state? YES NO
If yes, list the state(s) and license number below.

State: _____ License #: _____

State: _____ License #: _____

State: _____ License #: _____

State: _____ License #: _____

CONTINUING EDUCATION

Biennial CE hours are 40 CE hours for LPC, LMFT, LAC or LPES licensees (6 CEUs in ethics, 34 CEUs related to the respective license held). Biennial CE hours for dual license-holders are 50 (6 CEUs in ethics, 44 hours divided among the respective licenses held).

If you also have a Supervisor license, the Supervisor biennial CE hours are 10 CEUs for a Supervisor license, in addition to the CEU requirements set out above. (Ex: 10 CEUs for an LPC/S + 40 CEUs for an LPC = 50 CEU hours biennially. For those dually licensed, 10 CEUs for a Supervisor license or licenses + 50 CEUs for dual LPC/LMFT/LAC licenses = 60 hours biennially).

Continuing Education completion certificates must be submitted with this application.

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. However, if you answer "Yes" to question #3, you will also need to describe any pending charges in addition to providing a criminal background check from the state in which the offense took place (i.e., SLED, etc.).

Since you were initially licensed or since you last renewed:

- 1. Have you had any application for any professional license refused or denied by any licensing authority? YES NO
- 2. Have your privileges 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 certified copy of the court records regarding your conviction, the nature of the offense, date of discharge. Also, if applicable, have a statement from your probation or parole officer sent directly to the Board.

- 4. 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. 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 may constitute cause for denial of my application or revocation of my 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.