

Race: (for statistical purposes only)

American Indian African American Caucasian Hispanic Oriental/Asian Other

Sex: Male Female

* The disclosure of the social security number for identification purposes is authorized and mandated by state and federal statutes. The social security number is not subject to disclosure as public information.

Since you obtained your initial license or last renewed your license, have you:

1. Been convicted, pled guilty, or pled nolo contendere for violation of any federal, state, or local law, or do you have charges pending (other than a minor traffic violation)? Yes No
 If yes, attach a detailed letter of explanation along with a criminal records check from the state(s) in which you were convicted and court document(s) pertaining to your conviction, guilty plea or nolo contendere plea.

2. Had any investigation, formal complaint, disciplinary action or consent order filed against you by anyone? Yes No
 If yes, attach a detailed letter of explanation.

3. Have you ever held a license or currently hold a license, certificate or registration in counseling, marriage & family therapy or school psychology that has been subject to disciplinary proceedings before a state regulatory body or had your license, certificate or registration suspended, revoked or limited in any way? Yes No
 If yes, attach a detailed letter of explanation.

4. Developed any disease or condition, physical, mental or emotional, including alcohol or other substance abuse that might interfere with your ability to competently and safely perform the essential functions involved in your profession? Yes No
 If yes, attach a detailed letter of explanation.
 (If you are currently enrolled in the Recovering Professional Program, by private agreement, you may answer "No" to this question.)

5. Practiced as a Professional Counselor/Marriage & Family Therapist/Psycho-Educational Specialist/Supervisor in the state of South Carolina since your license was placed in lapsed status? Yes No
 If yes, attach a letter of explanation.

6. Had your license been disciplined by any state since you last renewed your South Carolina license? If yes, attach a detailed letter of explanation. Yes No

7. Have you ever been licensed in another state? If so, please list state/s and license number(s).
 State: _____ License # _____ Type of License: _____
 State: _____ License # _____ Type of License: _____
 State: _____ License # _____ Type of License: _____

Affirmation of Continuing Education and Statement of Compliance

I **affirm** that I have completed the required number of CE hours for this license for the renewal period Yes No
Enter the actual number of CE hours you have obtained for this license. _____

Biennial CE hours are 40 CE hours each for LPC, LMFT, and LPES or 25 formal (face-to-face attendance) CE hours per license type for multiple license holders of LPC, LMFT, and LPES.
Biennial CE hours are 10 CE hours each for LPC/S and LMFT/S or 5 formal CE hours for each license type for dual supervisor license holders.

I hereby swear/affirm that I have read all questions on this reinstatement application and have answered truthfully, accurately, and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license.

Print Name _____ License No. _____
(first, middle, last)

Signature _____ Date _____

Remember to:

- Complete and answer all questions on this application.
- Sign and date this application.
- Attach all required letters and information regarding "yes" answers.
- Provide continuing education documentation.
- Enclose money order, cashier's check or personal check made payable to SC Board of Counselors. No cash accepted.

Note:

Anyone licensed on 07/01/98, or after, as a Supervisor must maintain their LPC license to be qualified to have a license as an LPC/S and must maintain their LMFT license to be qualified to have a license as an LMFT/S.

Send application to: SC Board of Professional Counselors
P O Box 11329
Columbia, SC 29211-1329

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)