

South Carolina Application and Education Review

for Licensure as a Professional Counselor or Professional Counselor Associate Application

**This application form is interactive.
Download the form to your computer to fill it out.**



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www.cce-global.org * cce@cce-global.org

The Center for Credentialing & Education, Inc. (CCE®) values diversity.
There are no barriers to certification on the basis of gender, race, creed, age, sexual orientation or national origin.

CCE and NBCC are registered trade and service marks of the National Board for Certified Counselors, Inc.

The Center for Credentialing & Education, Inc. (CCE), an affiliate of the National Board for Certified Counselors, Inc (NBCC) has been contracted by the South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors, and Psycho-Educational Specialists to accept completed applications and review the educational experience of applicants for licensure as professional counselors and professional counselor associates.

CCE accepts all application documents and reviews the educational experience of applicants for the South Carolina Board of Examiners. Please note that CCE cannot return or duplicate an application. Prior to submitting your application to CCE, please make a copy of it for your records.

In addition to the information in this application booklet, you are advised to review the:

- 1. South Carolina Statutory Authority: 1976 Code Section 40-75-05, et seq.**
- 2. South Carolina *Code of Regulations and Code of Ethics*, Chapter 36**
- 3. South Carolina supervision policy and guidelines**
- 4. South Carolina list of licensed professional counselor supervisors (LPC/S)**

These documents are available at <https://llr.sc.gov/>

The South Carolina regulations list the requirements for licensure as a professional counselor associate and a professional counselor by endorsement from another state and should be reviewed carefully by every applicant prior to completing the application.



South Carolina LPC Review General Information for All Applicants

General: Candidates for initial licensure must make application and meet the South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors, and Psycho-Educational Specialists ("Board") licensing requirements. CCE is the contracted agent for the Board to review all applications for licensure in South Carolina for compliance with education and examination requirements. CCE reviews applications in regards to criteria set out in the South Carolina Code of Laws and Regulations. These requirements must be met in full, and are outlined fully on pages 9-12 of this packet.

Examination: All licensure candidates must take and pass either the National Counselor Examination for Licensure and Certification (NCE) or National Clinical Mental Health Counseling Examination (NCMHCE). Both of these examinations are administered by NBCC. Once your educational experience has been approved, you will be sent a letter with examination registration information. Additional information about the examination can be found on page 13 of this packet. You will receive your results immediately following the exam; however, these results are **not official**. Allow four to six weeks for NBCC to send CCE the official exam score reports.

Candidates who have already taken and passed either the NCE or NCMHCE must indicate the exam taken and date passed on page 16 of the application. You will need to request that your scores be sent to CCE or enclose a copy of your **official** score report with your application. Visit www.nbcc.org/Exams/ScoreReport for information about obtaining your score report.

Application completion process: You are allowed three years from the date CCE receives your initial application to complete all requirements (including passing the exam) and obtain licensure. If licensure is not obtained within three years, you will be required to submit a new application, fees, and up-to-date credentials to meet the licensure requirements that are in effect at the time of reapplication.

Right to Board Review: CCE only provides an initial review regarding whether or not an applicant meets the established education and examination criteria. You will be notified if, from the information submitted, it does not appear that your qualifications meet these requirements, and what deficiencies have been identified. You can request that CCE undertake a second review by submitting a letter to CCE explaining your request and including any supporting or additional documentation that is related to your request. If, after a second review, it still does not appear that your qualifications meet the requirements, you may request to appear before the Board by submitting your request to CCE in writing. CCE will forward your request, file and additional information to the South Carolina Board of Examiners. The SC Board will contact you regarding next steps.

Licensure approval: Candidates will have their file sent to the SC Board for final review for approval of licensure once CCE deems their educational experience meets requirements and CCE is notified that the Candidate has received a passing score on an eligible examination. CCE will send the candidate a letter indicating the date their file was forwarded to the SC Board. The SC Board of Examiners will proceed with the final review of the application. A candidate is not licensed as a licensed professional counselor intern or a professional counselor by endorsement from another state until official notification is received directly from the South Carolina Board of Examiners and a license is issued.

Once a candidate's file is received, the South Carolina Board of Examiners will review the file and send the official board results within four to six weeks. The letter will contain useful information about the license and will include the license activation fee amount that must be remitted to the Board in order to activate the license. Once the license activation fees are received and processed, the candidate will receive a certificate and license card. If an application has been approved for an intern license, the candidate must receive the license to practice in the state of South Carolina before beginning the required 120 hours of supervision.

Degree, coursework and practicum requirements: The educational requirements are outlined on page 10 of this packet. As states differ in requirements for degrees and coursework, some applicants may need to take additional coursework in order to meet the South Carolina requirements. Post licensure experience cannot be substituted for required coursework.

Professional Counselor Associate Applicants

General: Candidates for initial licensure must make application and meet the South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors, and Psycho-Educational Specialists ("Board") licensing requirements. CCE is the contracted agent for the Board to review all applications for licensure in South Carolina for compliance with education and examination requirements. CCE reviews applications in regards to criteria set out in the South Carolina Code of Laws and Regulations. These requirements must be met in full, and are outlined fully on pages 9-12 of this packet.

Practice as a licensed professional counselor intern: *The Code of Regulations*, Chapter 36, Section 36-05 states that evidence of a minimum of 1,500 hours of supervised clinical experience (direct client counseling contact hours) in the practice of professional counseling must be performed over a period of not less than two years under the supervision of a licensed professional counselor supervisor or other qualified licensed mental health practitioner (licensed psychologist, licensed medical doctor such as a psychiatrist). LPC supervisor candidates are also acceptable. Of these 1,500 hours of direct counseling with individuals, couples, families or groups, a minimum of 120 hours are to be spent in immediate supervision with a licensed professional counselor supervisor/supervisor candidate.

Logs of hours for the 1,500 hours of supervised clinical experience are not required by the Board; however, it is suggested that you maintain a log for your own records. The intern license is issued for two years and is structured to allow a reasonable period to complete all requirements of supervision for full licensure. The SC Practice act statute requires individuals to hold a license to practice in South Carolina; therefore, the professional counselor intern license is mandatory.

Supervision requirements: A Plan and Arrangements for Clinical Supervision of Post-Master's Clinical Experience in Counseling (pages 22-24) is a required document that must be submitted with the application for licensed professional counselor intern candidates. The supervision policies, guidelines and list of supervisors are available at www.llr.state.sc.us/pol/counselors. Select "Applications/Forms" from the right-hand side, scroll down to "Professional Counselor (LPC) and Intern Application Packet," and select "List of Supervisors." **The 120 hours of immediate supervision can only be obtained from a South Carolina licensed professional counselor supervisor or supervisor candidate.**

- This is a plan that is used to acknowledge and verify that arrangements have been made with a South Carolina LPC supervisor/supervisor candidate to obtain 120 hours of supervision. **These hours will not begin until after you have obtained a license to practice in South Carolina as a professional counselor intern**, therefore the "From/To" dates of supervision can be estimated to begin approximately three months after the date of your application to allow time for the credential review/passage of the exam/obtaining a license to practice.
- The "To" date should reflect a two-year period from the beginning date, since the LPC associate licensure period is structured for two years.
- Section 1 "Total hours" should reflect 1,380 hours.
- The "From/To" dates for both section 1 and section 2 should reflect the same date ranges.

Practicum/Internship: Specific training is required for LPC/As who wish to assess and treat serious problems, as categorized in standard diagnostic nomenclature. This specific training includes the required coursework in psychopathology and/or diagnostics of psychopathology as outlined for all applicants in Section 36-04.1 of the South Carolina *Code of Regulations* as well as completion of the specific practicum and internship as follows:

- (1) A practicum of 100 hours as part of a degree program that dealt directly with the assessment and treatment of serious problems as categorized in standard diagnostic nomenclature; and
- (2) An internship, as part of a degree program, of at least 600 hours under the supervision of a qualified licensed mental health practitioner where experience assessing and treating clients with serious problems as categorized in standard diagnostic nomenclature is obtained.

The internship of at least 600 hours is not required to obtain licensure as a LPC associate (only a 100-hour practicum is required). The experience gained in the 600-hour internship determines the level of practice that you can perform once licensed as an LPC associate.

This specific training must be documented on the Practicum/Internship Verification form found on page 19 of this packet. Those applicants with only a 100-hour counseling practicum will need to move slowly into assessing and treating serious problems under the supervision of qualified supervisors during their LPC/A licensure.



Professional Counselor Associate Checklist

All of the following materials must be received by CCE before the professional counselor associate application review and licensure process can begin:

- Application and Education Review form (pages 14-21)**
The Affidavit of Eligibility (pages 17-18) must be completed, signed, and notarized. **A copy of your driver's license or other identification (specified on page 17) AND a copy of your social security card must be provided for identification purposes.** Refer to Section B.1 on the Affidavit of Eligibility form. Applications will be returned if incomplete or the Affidavit of Eligibility is incomplete.
- Application and education review fee of \$170**
This fee is nonrefundable. CCE accepts payment via credit card, personal check, money order, or cashier's check. Make payable to (CCE).
- Official transcript**
Contact the registrar's office at your graduate university/college to order an official transcript documenting completion of a graduate degree primarily in counseling or a related discipline with a minimum of 48 graduate semester hours. (Do not include undergraduate transcripts.) Official transcripts from all graduate institutions must be provided to verify the coursework/practicum/internship information that is entered on the application. South Carolina will accept a sealed official transcript included with the application packet. Transcripts mailed from the registrar's office should be sent to:
CCE-SC Review
3 Terrace Way
Greensboro, NC 27403
- Coursework descriptions**
Coursework descriptions photocopied from the catalogue for the year in which the courses were taken must be submitted with the application or sent to CCE by the university. Some universities have these available on their Web sites. Course descriptions must be submitted for all core courses in addition to the descriptions for the practicum/internship. A syllabus is also acceptable.
- Plan and arrangements for clinical supervision of post-master's clinical experience in counseling (pages 22-24)**
This form must be completed by both you and your LPC supervisor/supervisor candidate. See page 3 for more information.
- Examination scores (required only if you answer "yes" to question 5 on page 15)**
A photocopy of your **official** score report is acceptable. If you do not have a copy to submit, visit www.nbcc.org/Exams/ScoreReport to request a score verification. NBCC can send the score verification directly to CCE by mailing it to:
CCE-SC Review
3 Terrace Way
Greensboro, NC 27403



South Carolina LPC Review Licensure By Endorsement Checklist

Licensed professional counselors who have an active, current and unrestricted license in another state may be eligible for licensure by endorsement in the state of South Carolina. These applicants must meet the licensure requirements that are currently in place in South Carolina, including degree, coursework, practicum and post-master's supervised experience. **The license you hold outside South Carolina must remain active throughout this application process.**

Post-master's supervised experience: Refer to page 25 for specific requirements for postgraduate supervised experience. CCE will review your education and assure all required forms are complete. Once your education has been tentatively approved by CCE, your file will be forwarded to the South Carolina licensing board for a final review of both your education and your supervision. All questions regarding the required education should be directed to CCE. Questions regarding the required supervision should be directed to the South Carolina Board of Examiners administrative office at 803-896-4658. Applicants are not licensed as professional counselors until they receive official notification directly from the South Carolina licensing board.

All of the following materials must be received by CCE before the professional counselor application review and licensure by endorsement process can begin:

- Application and Education Review Form (pages 14-21)**
The Affidavit of Eligibility (pages 17-18) must be completed, signed, and notarized. **A copy of your driver's license or other identification (specified on page 17) AND a copy of your social security card must be provided.** Refer to Section B.1 on the Affidavit of Eligibility form. Applications will be returned if incomplete or the Affidavit of Eligibility is incomplete.
- Application and Education Review Fee of \$170**
This fee is nonrefundable. CCE accepts payment via credit card, personal check, money order or cashier's check. Make payable to CCE.
- Official Transcript**
Contact the registrar's office at your graduate university/college to order an official transcript documenting completion of a graduate degree primarily in counseling or a related discipline with a minimum of 48 graduate semester hours. Do not include undergraduate transcripts. Official transcripts from all graduate institutions **must** be provided to verify the coursework/practicum/internship information that is entered on the application. South Carolina will accept an official transcript included with the application packets. Transcripts mailed from the registrar's office should be sent to:
CCE-SC Review
3 Terrace Way
Greensboro, NC 27403
- Coursework Descriptions**
Coursework descriptions photocopied from the catalogue for the year in which the courses were taken must be submitted with the application or sent to CCE by the university. Some universities have these available on their Web sites. Course descriptions must be submitted for all core courses in addition to the descriptions for the practicum/internship. A syllabus is also acceptable.
- Verification of Licensure (page 29)**
This form must be completed by the state or jurisdiction in which you are licensed and mailed directly to:
CCE-SC Review
3 Terrace Way
Greensboro, NC 27403

- Log for Clinical Supervision of Post-Master's Clinical Experience (pages 25-26)**
This form must be completed by the applicant.

- Examination Scores (required only if you answer "yes" to question 5 on page 15)**
A photocopy of your **official** score report is acceptable. If you do not have a copy to submit, visit www.nbcc.org/Exam/ScoreVerificationReport to request a score verification.
NBCC can send the score verification directly to CCE at:
CCE-SC Review
3 Terrace Way
Greensboro, NC 27403

- Confirmation of Clinical Supervision Form (pages 27-28)** Include this form with your supervisor's signature or have your state's licensing board office furnish proof of your supervised experience. This documentation must be sent directly to CCE from the licensing board office.

- Copy of Your License**
Your license must remain active, current, and unrestricted throughout this application process.



South Carolina LPC Review Coursework/Degrees Completed Outside the United States

If you received your degree or completed relevant master's or doctoral coursework outside the United States, you will need to have an international transcript evaluation completed prior to submitting an application for licensure. The transcript evaluation and course descriptions will be reviewed by CCE to determine whether the degree, coursework and practicum requirements have been met.

The official, sealed evaluation must be submitted with your application.

International transcript evaluations must be completed by one of the following:

Educational Credential Evaluators, Inc. (ECE)
P. O. Box 514070
Milwaukee, WI 53203-3470
Telephone: 414-289-3400
Web site: www.ece.org
E-mail: eval@ece.org

World Education Services, Inc. (WES)
P. O. Box 745 Old Chelsea Station
New York, NY 10113-0745
Telephone: 800-937-3895
Web site: <http://www.wes.org>
E-mail: info@wes.org

American Association of Collegiate
Registrars & Admissions Offices (AACRAO)
1 Dupont Circle NW
Suite 520
Washington, DC 20036
Telephone: 202-296-3359
Web site: www.aacrao.org



South Carolina LPC Review

Educational Experience Requirements for Licensure as a Professional Counselor or Professional Counselor Associate

Graduate Degree – Applicants must submit evidence of successful completion of a graduate degree (master’s degree, specialist degree or doctoral degree) with a minimum of 48 graduate semester hours or 72 quarter hours primarily in counseling or a related discipline.

Required Graduate-Level Coursework – The applicant’s graduate transcript(s) must demonstrate successful completion of the following graduate coursework (each course must be a minimum of three semester hours or 4.5 quarter hours. One course cannot be used to satisfy two different categories). All coursework must be completed at a college or university accredited by the Commission on Colleges of the Southern Association of Colleges and Schools or one of the following accrediting bodies:

- Middle States Association of Schools and Colleges
- North Central Association of Colleges and Schools
- Northwest Commission on Colleges and Universities
- Western Association of Schools and Colleges
- New England Association of Schools and Colleges
- Association of Theological Schools

By law, all applicants must have earned a minimum of 48 semester hours or 72 quarter hours in graduate-level counseling or a related discipline, and the applicant must demonstrate on graduate transcript successful completion of a three-semester-hour or a 4.5-quarter-hour graduate-level course in each of the following 9 areas and completion of a 100-hour counseling practicum:

1. Human Growth and Development
2. Social and Cultural Foundations
3. The Helping Relationship
4. Group Dynamics, Processing and Counseling
5. Lifestyle and Career Development
6. Appraisal of Individuals
7. Research and Evaluation
8. Professional Orientation
9. Psychopathology or Diagnostics of Psychopathology

**Please see pages 10-12 for
detailed coursework descriptions.**

This course of study may be completed during the qualifying degree program, or additional graduate-level coursework may be completed if necessary.

Practicum – A minimum 100-hour supervised counseling practicum is required. It must provide supervised field placement(s) in an appropriate counseling setting for academic credit as part of the degree program.

Please note: If, as an LPC/A, an applicant would like to assess and treat serious problems as categorized in standard nomenclature, they must have a practicum that dealt directly with the assessment and treatment of serious problems as well as a 600-hour supervised counseling internship dealing with serious problems as part of the degree program.

DEFINITION OF CATEGORIES FOR REQUIRED COURSEWORK

Human Growth and Development

Studies that provide an understanding of the nature and needs of individuals at all developmental levels, normal and abnormal human behavior, personality theory, and learning theory within cultural contexts. Studies in this area include but are not limited to:

- a. Theories of individual and family development and transitions across the life span;
- b. Theories of learning and personality development;
- c. Human behavior, including an understanding of developmental crises, disability, addictive behavior, psychopathology and environmental factors as they affect both normal and abnormal behavior;
- d. Strategies for facilitating development over the life span; and
- e. Ethical considerations

Social and Cultural Foundations

Studies that provide an understanding of societal changes and trends in a multicultural and diverse society, human roles, societal subgroups, social mores and interaction patterns, and differing lifestyles. Studies in this area include but are not limited to:

- a. Multicultural and pluralistic trends including characteristics and concerns of diverse groups;
- b. Attitudes and behavior based on such factors as age, race, religious preference, gender, socioeconomic status and intellectual ability;
- c. Individual, family and group strategies with diverse populations; and
- d. Ethical considerations.

The Helping Relationship

Studies that provide an understanding of philosophic bases of helping processes, counseling theories and their applications, helping skills, consultation theories and applications, helper self-understanding and self-development, and facilitation of client or consultee change. Studies in this area include but are not limited to:

- a. Counseling and consultation theories including both individual and systems perspectives as well as coverage of relevant research and factors considered in applications;
- b. Basic interviewing, assessment and counseling skills;
- c. Counselor or consultant characteristics and behaviors that influence helping processes, including age, gender, ethnic differences, verbal and nonverbal behaviors and personal characteristics, orientations, and skills;
- d. Client or consultee characteristics and behaviors that influence helping processes, including age, gender, ethnic differences, verbal and nonverbal behaviors and personal characteristics, orientations, and skills; and
- e. Ethical considerations.

Group Dynamics, Processing and Counseling

Studies that provide an understanding of group development, dynamics and counseling theories; group leadership styles; group counseling methods and skills; and other group approaches. Studies in this area include, but are not limited to:

- a. Principles of group dynamics, including group process components, developmental stage theories, and group members' roles and behaviors;
- b. Group leadership styles and approaches, including characteristics of various types of group leaders and leadership styles;
- c. Theories of group counseling, including commonalities, distinguishing characteristics, and pertinent research and literature;
- d. Group counseling methods, including group counselor orientations and behaviors, ethical standards, appropriate selection criteria and methods of evaluation of effectiveness;

- e. Approaches used for other types of group work, including task groups, prevention groups, support groups, and therapy groups; and
- f. Ethical considerations.

Lifestyle and Career Development

Studies that provide understanding of career development theories, occupational and educational information sources and systems; career and leisure counseling, guidance, and education; lifestyle and career decision-making; and career development program planning, resources, and evaluation. Studies in this area include but are not limited to:

- a. Career development theories and decision-making models;
- b. Career, vocational, educational, and labor market information resources; visual and print media, and computer-based career information systems;
- c. Career development program planning, organization, implementation, administration and evaluation;
- d. Interrelationships among work, family, and other life roles and factors, including multicultural and gender issues as related to career development;
- e. Career and educational placement, follow-up and evaluation;
- f. Assessment instruments and techniques relevant to career planning and decision-making;
- g. Computer-based career development applications and strategies, including computer-assisted career guidance systems;
- h. Career counseling processes, techniques and resources, including those applicable to specific populations; and
- i. Ethical considerations.

Appraisal of Individuals

Studies that provide an understanding of group and individual educational and psychometric theories and approaches to appraisal, data and information-gathering methods, validity and reliability; psychometric statistics; factors influencing appraisals; use of appraisal results in helping processes; and understanding of individual and group approaches to assessment and evaluation. Studies in this area include but are not limited to:

- a. Theoretical and historical bases for assessment techniques;
- b. Validity, including evidence for establishing content, construct and empirical validity;
- c. Reliability, including methods of establishing stability, internal and equivalence reliability;
- d. Appraisal methods, including environmental assessment, performance assessment, individual and group test inventory methods, behavioral observations, and computer-managed and computer-assisted methods;
- e. Psychometric statistics, including types of assessment scores, measures of central tendency, indices of variability, standard errors and correlations;
- f. Age, gender, ethnicity, language, disability and culture factors related to the assessment and evaluation of individuals and groups;
- g. Strategies for selecting, administering, interpreting and using assessment and evaluation instruments and techniques in counseling; and
- h. Ethical consideration in appraisal.

Research and Evaluation

Studies that provide an understanding of types of research methods, basic statistics, research report development, research implementation, program evaluation, needs assessment, and ethical and legal considerations. Studies in this area include but are not limited to:

- a. Basic types of research methods to include qualitative and quantitative research designs;
- b. Basic parametric and nonparametric statistics;
- c. Principles, practices and applications of needs assessment and program evaluation;
- d. Uses of computers for data management and analysis; and
- e. Ethical and legal considerations in research.

Professional Orientation

Studies that provide an understanding of professional roles and functions, professional goals and objectives, professional organizations and associations, professional history and trends, ethical and legal standards, professional preparation standards, and professional credentialing. Studies in this area include but are not limited to:

- a. History of the helping profession, including significant factors and events;
- b. Professional roles and functions, including similarities and differences with other types of professionals;
- c. Professional organizations, primarily the American Counseling Association (ACA), its divisions, branches and affiliates, including membership benefits, activities, services to members and current emphases;
- d. Ethical standards of the ACA and related entities, ethical and legal issues and their applications to various professional activities (e.g. appraisal, group work);
- e. Professional preparation standards, their evolution and current applications;
- f. Professional credentialing including certification, licensure and accreditation practices and standards, and the effects of public policy on these issues; and
- g. Public policy processes including the role of the professional counselor in advocating on behalf of the profession and its clientele.

Psychopathology

Studies that provide an understanding of psychopathology, abnormal psychology, abnormal behavior, etiology dynamics and treatment of abnormal behavior. Studies in this area include but are not limited to:

- a. The understanding of various forms of abnormal behavior and psychopathology in children, adolescents, and adults;
- b. Focus on the etiology and morbidity of differing mental disorders;
- c. Assessment techniques when evaluating psychological disorders, including personality and behavior;
- d. Evaluate the psychometric properties of personality and behavior assessment instruments;
- e. Determine the benefits and limitations of assessment, including current legal and ethical issues;
- f. Determine how to integrate information from various sources in order to more fully describe personality and behavioral patterns;
- g. Introduction to the science and art of clinical assessment as a foundation for the actual practice of assessment in school and community mental health settings;
- h. Practical training in the process of clinical assessment as associated with the specific disorders, which is focused on the use of assessment techniques in a professionally and ethically responsible manner; and
- i. Focus on the serious problems, other than adjustment disorders and V codes and codes that are assigned to normal lifecycle transitional conflicts. Serious problems are defined in standard diagnostic nomenclature (*Diagnostic and Statistical Manual of Mental Disorders*).

Diagnostics of Psychopathology

Studies that provide an understanding of the diagnostics of psychopathology. Studies in this area include but are not limited to:

- a. Use of the *DSM* in relation to the psychology of deviant or abnormal behavior;
- b. The understanding of the history and theories of abnormal psychology in the field through lecture, readings, the Internet, group discussions, and research;
- c. The understanding of diagnoses in the version of the *DSM* that was current when the course was taken;
- d. The application of this knowledge through exercises, assignments, class participation and videotaped role-plays;
- e. The application of this knowledge through assessment, treatment plans, counseling, projects and presentations; and
- f. Counseling theory, diagnosis of *DSM* disorders, techniques and interventions.



South Carolina LPC Review Application Review and Examination Registration Timeline

A candidate may submit an application at any time. It will take approximately six weeks from the date of receipt for the initial application review to be completed. Upon CCE’s tentative approval of your application, registration materials will be forwarded to you and you will be eligible to register for the NCE or the NCMHCE. These examinations are offered through NBCC.

Both examinations are administered via computer-based testing (CBT) at more than 900 Pearson Vue testing centers located throughout the United States. Testing is normally the first two full weeks of each month, Monday through Saturday, at 8 a.m. and 5:30 p.m. Exams are administered by appointment only, and are scheduled on a first-come, first-served basis. **Registration information will be forwarded to you upon determination of eligibility.**

Note: If you took the NCE or NCMHCE for licensure in another state or for national certification, you will need to submit a photocopy of your official exam results. If you do not have a copy, you will need to submit a score verification request to NBCC. Contact NBCC at 336-547-0607 or <http://www.nbcc.org/Exams/ScoreReport> for more information.

FEES

Application and Education Review Fee: (submitted with this application and paid to CCE)	\$170
NBCC Examination Fee (paid to NBCC):	\$275
Associate Licensure Fee (paid to the South Carolina Board of Examiners):	\$150

When licensure is granted by the South Carolina board, there will be a fee of \$150 for the two-year professional counselor associate license. A prorated license fee will be required for the professional counselor by endorsement license.

The application and education review fee and the examination fee are nonrefundable and nontransferable. The application and education review fee must accompany a completed application. CCE accepts payment via credit card, personal check, money order or cashier’s check. Payment must be made to CCE.

HOW TO CONTACT CCE

Telephone: 888-817-8283, toll-free; 8:30 a.m. to 5 p.m. Eastern time
E-mail: cce@cce-global.org
Fax: 336-482-2852

Send this application and payment to: CCE P.O. Box 63223 Charlotte, NC 28263-3223
Send other written correspondence to: CCE-SC Review 3 Terrace Way Greensboro, NC 27403-3660

When we receive your application, you should receive a response regarding your application review within six weeks. Applications and any supplemental material are reviewed in the order in which they are received. To protect applicants from miscommunication or misinformation, we require applicants with questions regarding their personal circumstances to communicate in writing. We accept these questions via e-mail, postal mail and fax. We review applications and respond to questions in the order in which they are received. When your application arrives at CCE, if any of the required documents are missing or incomplete (for example: course descriptions, supervision plan), you will be notified in writing of the deficiency within six weeks. When the required documentation arrives, your application will be placed back in the queue to be reviewed. We will contact you within six weeks of receiving the additional documentation.

South Carolina LPC Review

Application and Education Review Form



South Carolina Board of Examiners
for Licensure of Professional Counselors,
Marriage and Family Therapists,
Addiction Counselors, and Psycho-
Educational Specialists

Mail application to:
CCE
P.O. Box 63223
Charlotte, NC 28263-3223

- CHECK ONE.**
- Applying for Licensure as a Professional Counselor Associate**
- Applying for Licensure by Endorsement From Another State**

INSTRUCTIONS

- The applicant is required to carefully read the application and requirements before completing this application. Applications must be complete prior to submission. The review fee must also be included. Incomplete applications will not be reviewed. CCE accepts payment in the form of a credit card, money order, cashier's check or personal check. All fees are nonrefundable and nontransferable. **This application will remain open for three years from the initial date submitted to CCE.**
- Type or print all information.
- For questions, contact CCE at 888-817-8283.

1. Title: Dr. Mr. Ms. Mrs. _____

Name (last, first, middle initial): _____

Please list any other names used on transcripts, licenses, etc.: _____

2. Home Address (physical address, not P.O. Box): _____

City: _____ State: _____ ZIP Code (+4): _____

County: _____ Home Telephone: _____

Home E-mail: _____

Cellphone: _____ Home Congressional District Number: _____

3. Employer Name (if not currently employed, please write "NA"): _____

Employer Address: _____

City: _____ State: _____ ZIP Code (+4): _____

County: _____ Telephone (direct dial, if possible): _____

Work E-mail: _____

- g. Have you ever been arrested, charged or convicted (including a nolo contendere plea or guilty plea) in any state or federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? Yes No

If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense, and date of discharge (if applicable). Also, you must have a statement from the probation or parole officer sent directly to CCE from the above-mentioned authorities.

- h. 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 No

- i. Have you ever been court martialled or discharged other than honorably from the armed service? Yes No

- j. 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 No

- k. 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 No



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)



South Carolina LPC Review Practicum/Internship Verification

Name (last, first, middle initial): _____

The practicum/internship must have served as part of the degree program. A minimum of a 100-hour counseling practicum is required. In chronological order, document the dates, hours, location and supervision information for each qualifying practicum/internship experience.

INSTITUTION/PLACE OF EMPLOYMENT				
ADDRESS				
DIRECTOR OF PROGRAM				
MAJOR SUPERVISOR				
DID THE PRACTICUM/INTERNSHIP DEAL DIRECTLY WITH THE ASSESSMENT AND TREATMENT OF SERIOUS PROBLEMS? <input type="checkbox"/> YES <input type="checkbox"/> NO (See Regulations 36.01 (13) and 36.04.1)				
FROM		TO		TOTAL HOURS
MONTH	YEAR	MONTH	YEAR	

INSTITUTION/PLACE OF EMPLOYMENT				
ADDRESS				
DIRECTOR OF PROGRAM				
MAJOR SUPERVISOR				
DID THE PRACTICUM/INTERNSHIP DEAL DIRECTLY WITH THE ASSESSMENT AND TREATMENT OF SERIOUS PROBLEMS? <input type="checkbox"/> YES <input type="checkbox"/> NO (See Regulations 36.01 (13) and 36.04.1)				
FROM		TO		TOTAL HOURS
MONTH	YEAR	MONTH	YEAR	

INSTITUTION/PLACE OF EMPLOYMENT				
ADDRESS				
DIRECTOR OF PROGRAM				
MAJOR SUPERVISOR				
DID THE PRACTICUM/INTERNSHIP DEAL DIRECTLY WITH THE ASSESSMENT AND TREATMENT OF SERIOUS PROBLEMS? <input type="checkbox"/> YES <input type="checkbox"/> NO (See Regulations 36.01 (13) and 36.04.1)				
FROM		TO		TOTAL HOURS
MONTH	YEAR	MONTH	YEAR	

Total number of hours of counseling experience provided by practica/internships:



South Carolina LPC Review

Coursework Requirements Verification

1. Please print or type.
2. Include an official sealed transcript from all graduate institutions attended (do not include undergraduate) or have transcripts sent directly from the school to CCE.
3. Coursework descriptions for the 9 core requirements and practicum/internship must be submitted. Coursework descriptions must be photocopied from the catalogue for the year in which the courses were taken.
4. This form must be filled out in order for CCE to review your coursework. If CCE determines that a course does not fit in a particular category, it will review your transcript for other course possibilities.

Required Courses

(Please refer to pages 10-12 for detailed descriptions)

EACH COURSE CAN ONLY BE USED TO FULFILL ONE REQUIREMENT

COURSEWORK CATEGORIES	COURSE TITLE	COURSE NUMBER	CREDIT HOURS	INSTITUTION WHERE COURSE WAS TAKEN
1. Human Growth and Development Studies that provide an understanding of the nature and needs of individuals at all developmental levels, normal and abnormal human behavior, personality theory, and learning theory (all) within cultural contexts.				
2. Social and Cultural Foundations Studies that provide an understanding of societal changes and trends, human roles, societal subgroups, societal mores and interaction patterns, and differing lifestyles.				
3. The Helping Relationship Studies that provide an understanding of philosophic bases of helping processes, counseling theories and their applications, helping skills, consultation theories and applications, helper self-understanding and self-development, and facilitation of client or consultee change.				
4. Group Dynamics, Processing and Counseling Studies that provide an understanding of group development, dynamics and counseling theories; group leadership styles; group counseling methods and skills; and other group approaches.				
5. Lifestyle and Career Development Studies that provide an understanding of career development theories; occupational and educational information sources and systems; career and leisure counseling, guidance and education; lifestyle and career decision-making; and career development program planning, resources and evaluation.				
6. Appraisal Studies that provide an understanding of group and individual educational and psychometric theories and approaches to appraisal data and information gathering methods, validity and reliability; psychometric statistics; factors influencing appraisals; and use of appraisal results in helping processes.				

COURSEWORK CATEGORIES	COURSE TITLE	COURSE NUMBER	CREDIT HOURS	INSTITUTION WHERE COURSE WAS TAKEN
7. Research and Evaluation Studies that provide an understanding of types of research, basic statistics, research report development, research implementation, program evaluation, needs assessment, and ethical and legal considerations.				
8. Professional Orientation Studies that provide an understanding of professional roles and functions, professional goals and objectives, professional organizations and associations, professional history and trends, ethical and legal standards, professional preparation standards, and professional credentialing.				
9. 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. OR				
9a. Diagnostics of Psychopathology Studies that provide an understanding of the diagnostics of psychopathology as detailed in the current <i>Diagnostic and Statistical Manual of Mental Disorders</i> .				

AFFIDAVIT

I, (full name, printed) _____ am the person described and identified, of good moral character; and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice professional counseling in South Carolina.

Applicant's Signature: _____ Date: _____

Cannot be accepted if not signed in the presence of a notary.

State of: _____ City/County of: _____

Sworn to and subscribed before me this _____ day of _____, 20_____

Signature of notary public: _____

My commission expires on: _____

Affix notary seal or stamp below.



South Carolina LPC Review

Plan and Arrangements for Clinical Supervision of Post-Master's Clinical Experience in Counseling

REQUIRED BY APPLICANTS FOR LPC/A

1. Please print or type.
2. This form must be signed by the licensed professional counselor supervisor (supervisor candidate, if applicable) and the applicant. Please refer to www.llr.state.sc.us/pol/counselors for a current list of licensed professional counselor supervisors.
3. It is the applicant's responsibility to return this form to CCE. LPC associate applications are considered incomplete without this form.
4. If you have already been approved for licensure or issued a license in South Carolina, send this form and all documentation to South Carolina Board of Professional Counselors, P.O. Box 11329, Columbia, SC 29211-1329.

Applicant Name (last, first, middle initial): _____

Social Security Number: _____

I have applied for licensure by the South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho-Educational Specialities and I am required to make arrangements for board-approved supervision of my counseling practice in order to become board eligible.

Applicant's Signature

Date

Licensed Supervisor or Supervisor Candidate Verification Information

Check appropriate category: Supervisor Supervisor Candidate

Name (last, first, middle initial): _____

Preferred mailing address: _____

City: _____ State: _____ ZIP code (+4): _____

Daytime telephone number: _____

LPC/S name: _____
(if supervision is to be completed by a supervisor candidate, indicate the candidate's supervisor)

LPC/S license number: _____ LPC/S license expiration date: _____

Continued on next page

As per Regulation 36-05(3), applicants for full licensure must submit evidence of a minimum 1,500 hours of supervised clinical experience in the practice of professional counseling performed over a period of not less than two years under the supervision of a licensed professional counselor supervisor, supervisor candidate or other qualified mental health practitioner, as approved by the board. The experience must include a minimum 1,500 hours of supervised clinical experience in the practice of professional counseling with individuals, couples, families, or groups of which a minimum of 120 hours must be spent in supervision with a licensed professional counselor supervisor or supervisor candidate (100 hours of individual supervision and 50 hours of either group or individual supervision). For more information about supervisory requirements, contact the South Carolina Board at 803-896-4658.

Provide details of your plan to complete the required supervised experience. The dates must reflect a two-year period beginning no earlier than you anticipate being licensed as an LPC associate. Incomplete plans will delay your application process. If you have questions regarding the completion of this form, contact CCE, or refer to page 3.

Facility name, address, telephone and type of work experience (planned over two years)	Position title	From month/year	To month/year

1. Plan for supervised clinical experience of direct counseling client contact:

(Must reflect a minimum of 1,380 hours of supervised clinical experience)

Plan for 1,380 hours of direct client contact in counseling of individuals, couples or groups under the supervision of a licensed professional counselor supervisor, professional counselor supervisor candidate, or other qualified licensed mental health practitioner	Total Hours	From month/year	To month/year

2. Plan for required 120 hours of post-master’s immediate supervision by a licensed professional counselor supervisor or supervisor candidate:

	Total Hours	From month/year	To month/year
A. Individual (a minimum of 100 hours required to be individual supervision)			
B. Group			
Total hours of supervision by a licensed professional counselor supervisor or supervisor candidate.			

Continued on next page

If you plan to be supervised by a supervisor candidate, you must have the supervisor of the LPC supervisor candidate sign this form also.

Signature of Supervisor: _____ Date: _____
(Original signature required)

Signature of Supervisor Candidate (if applicable): _____ Date: _____
(Original signature required)

The supervisor does not have to be located on site.

SUPERVISION

Regulation 36-01(1) defines supervision as:

Supervision means face-to-face contact between a supervisor and an intern or other person requiring supervision under this chapter during which time the person supervised appraises the supervisor of the diagnosis and treatment of each client, during the supervisory process. The supervisor provides the supervised person with oversight and guidance in diagnosing, treating, and dealing with clients, and the supervisor evaluates the supervised person's performance.

The focus of a supervision session is on raw data from clinical work which is made directly available to the supervisor through such means as written clinical materials, direct (live) observation, co-therapy, audio and video recordings, and live supervision.

Supervision is a process clearly distinguishable from personal psychotherapy and is contrasted in order to serve professional goals.



South Carolina LPC Review Log for Clinical Supervision of Post-Master's Clinical Experience

REQUIRED FOR APPLICANTS APPLYING FOR LICENSURE BY ENDORSEMENT

INSTRUCTIONS

Applicants for licensure on the basis of endorsement from another state **must** complete the log on the following page. It should be included with the application and other required documentation that is outlined in the application packet. You must maintain an active and current license in your home state while applying for licensure on the basis of endorsement from another state.

- South Carolina requires evidence of a minimum of 1,500 hours of supervised clinical experience in counseling performed over a period of not less than two years under the supervision of a licensed psychologist, psychiatrist or a professional counselor supervisor (LPC/S).
- This experience must include direct client contact with individuals, couples, families or groups, of which a minimum of 120 hours should have been in immediate supervision with the LPC/S.
- The 120 hours of supervision should include a minimum of 100 hours in individual supervision and 50 hours can be either individual or group supervision with the LPC/S.
- Verification of both 1,380 hours of supervised clinical experience and 120 hours of immediate supervision must be submitted by completing a Confirmation of Post-Master's Clinical Supervision form signed by each supervisor that was used OR contacting your current state's licensing board office to furnish proof of your supervised experience.
- In addition to providing the above verification, every endorsement applicant must complete the Log for Clinical Supervision of Post-Master's Clinical Experience in Counseling.
- By completing the log, you should be able to determine if you meet the requirements for licensure as a professional counselor in South Carolina.
- The South Carolina board office will review your documentation after CCE has tentatively approved your education and you have passed the required examination. Upon official review by the South Carolina board office, you will be notified of any deficiencies, if any, related to the experience and supervised hours. If you have not provided verification of 1,380 hours of supervised clinical experience and 120 hours of immediate supervision, as defined above, you will be licensed as an LPC intern for the time that it takes to complete the requirements.

Continued on next page

LOG FOR CLINICAL SUPERVISION OF POST-MASTER'S CLINICAL EXPERIENCE

Name of Applicant: _____

Currently licensed in the state(s) of: _____

Current License Type: Professional Counselor/Mental Health Counselor

Marriage and Family Therapist

Other: _____

Dates (From/To)	Name of Supervisor	Type of License Held By Supervisor	Hours of Direct Client Contact	Individual Supervision Hours (at least 100 required)	Group Supervision Hours

Total hours of direct client contact: _____

Total hours of individual supervision: _____

Total hours of group supervision: _____

In order to meet South Carolina licensing requirements, the above totals must reflect a minimum of 1,380 direct client contact hours and 120 hours of supervision. At least 100 of the supervision hours must be individual, and the remaining 20 can be individual or group.



South Carolina LPC Review

Confirmation of Clinical Supervision of Post-master's Client Contact in Counseling

REQUIRED (see items 3 and 4 below)

1. Please print or type.
2. This form must be signed by the licensed supervisor (or supervisor candidate, if applicable) and the applicant.
3. Applicants who are required to be interns should return this completed form after the completion of the two-year intern licensure period. Mail to: SC Board of Professional Counselors, P.O. Box 11329, Columbia, SC 29211-1329.
4. Applicants by endorsement should return this form to CCE with their other application materials.

Applicant name (last, first, middle initial): _____

Social Security number: _____

I have applied for licensure by the South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors, and Psycho-Educational Specialists. I am required to provide documentation of a minimum of 150 hours of supervision with a licensed professional counselor supervisor or supervisor candidate of which a minimum of 100 hours are required to be individual supervision and 20 of these hours can be either group or individual supervision. Please complete the information below and return the form to me.

Applicant's signature

Date

INFORMATION BELOW TO BE COMPLETED BY SUPERVISOR (not applicant)

Licensed Supervisor or Supervisor Candidate Verification Information

Check appropriate category: Supervisor Supervisor candidate

Name (last, first, middle initial): _____

Preferred mailing address: _____

City: _____ State: _____ ZIP code (+4): _____

Daytime telephone number: _____

LPC/S name: _____

(If supervision was completed by a supervisor candidate, indicate the candidate's supervisor.)

LPC/S license number: _____ LPC/S license expiration date: _____

- I verify that the applicant was under my supervision, at which time I critiqued the applicant's counseling and counseling-related skills based on one or more of the following forms of observation of the supervisee's counseling practice (check all that apply):
- | | | |
|---|---|---|
| <input type="checkbox"/> Direct/live observation | <input type="checkbox"/> Live supervision | <input type="checkbox"/> Audio recordings |
| <input type="checkbox"/> Written clinical materials | <input type="checkbox"/> Video recordings | <input type="checkbox"/> Co-therapy |

Continued on next page

Applicant's Employment

Name, address, telephone and type of work experience (Minimum of two years experience)	Total Years	From month/year	To month/year

1. Confirmation of Supervised Clinical Experience of Direct Counseling Client Contact

(must reflect a minimum of 1,380 hours of supervised clinical experience)

Confirmation of 1,380 hours of direct client contact in counseling of individuals, couples, or groups under the supervision of a licensed professional counselor supervisor, supervisor candidate, or other qualified licensed mental health practitioner	Total Hours	From month/year	To month/year

2. Confirmation of 120 hours of Post-Master's Immediate Supervision

Confirmation of hours of supervision by a licensed professional counselor supervisor or supervisor candidate (attach the supervision log)	Total Hours	From month/year	To month/year
A. Individual (a minimum of 100 hours required to be individual supervision)			
B. Group			

RECOMMENDATION

I recommend / I do not recommend this applicant for licensure as a south carolina licensed professional counselor. **Note:** If you do not recommend this applicant/intern, the board requests that you send a separate letter directly to the board office stating your reasons.

Additional Comments: _____

Affidavit:

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 for licensed associates and the duration for associate licensure are for a period of not less than two years.

Signature of supervisor: _____ Date: _____
(Original signature required)

Signature of supervisor candidate (if applicable): _____ Date: _____
(Original signature required)



South Carolina LPC Review Verification of Licensure for Endorsement

REQUIRED FOR THOSE APPLYING FOR LICENSURE BY ENDORSEMENT

Part 1- To be completed by the South Carolina applicant.

Applicant name (last, first, middle initial): _____

Social Security number: _____ Applicant's license number: _____ Type of license: _____

I hereby authorize the release of licensure information to the Center for Credentialing & Education and the South Carolina Board of Examiners Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors, and Psycho-Educational Specialists.

Applicant's Signature

Date

PART II – To be completed by the state board where the South Carolina applicant is currently licensed.

Board: Please send this form directly to CCE at the address below when completed.

Title of license: _____

Date of initial license (mm/dd/yyyy): _____ Expiration date of license (mm/dd/yyyy): _____

Is this license current and in good standing? Yes No

If not, please explain on the back of this form.

Was this license issued through a grandfathering clause? Yes No

Did the licensee take and pass a written examination? Yes No

If yes, score achieved: _____

Name of exam taken: _____

Date exam passed: _____

Is there any record of disciplinary action taken against this licensee? Yes No

If yes, please explain on the back of this form.

Do you require verification of continuing education for licensure renewal? Yes No

Number of years in licensure period: _____

Number of hours per licensure period: _____

Form completed by (please print):

Name and title: _____

Signature: _____

Board address and telephone number _____

Send completed form directly to:

SC Board of Examiners
C/O CCE
3 Terrace Way
Greensboro, NC
27403-3660

