



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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**OUT-OF-STATE PROFESSIONAL COUNSELOR, MARRIAGE AND FAMILY THERAPY,  
 ADDICTION COUNSELING AND PSYCHO-EDUCATIONAL SPECIALIST TELEHEALTH  
 PROVIDER REGISTRATION APPLICATION**

Registration is required only for out-of-state licensed professional counselors, marriage and family therapists, addiction counselors, and/or psycho-educational specialists with an equivalent credential who are not licensed by the State of South Carolina, who wish to provide telehealth services within their scope of practice to a client residing in this State.

Registrants **MAY NOT** provide in-person services to a client in South Carolina or open a South Carolina office.

This registration is valid **ONLY** if your out-of-state license remains active and in good standing.

**Include with your application:**

- Check or money order in the amount of \$10 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
- Notarized Verification of Lawful Presence (Attached)

**Have submitted directly to the Board office via email or mailing address above from the issuing agent:**

- Official License Verification(s)

**Type:**

**Professional Counselor**

**Marriage and Family Therapist**

**Addiction Counselor**

**Psycho-Educational Specialist**

**REGISTRANT INFORMATION**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 (Required)

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**OUT-OF-STATE LICENSE INFORMATION**

[S.C. Code Ann. §40-75-800\(C\)\(2\)](#) provides you must have an out of state license that is substantially similar to a South Carolina professional counselor, marriage and family therapy, addiction counselor, or psycho-educational specialist license in order to qualify as a telehealth provider in this State.

See [S.C. Code Ann. §§40-75-20\(1\) and \(18\), \(13\) and \(17\), \(14\) and \(16\), and §40-75-520\(A\)](#) for definitions of South Carolina addiction counselor, professional counselor, marriage and family therapy, and psycho-educational specialty licensing types. If your out of state license is not the same as the license listed in these code sections, you must include documentary evidence with this application demonstrating that your license is substantially similar.

State: \_\_\_\_\_ License Type: \_\_\_\_\_ License Number: \_\_\_\_\_

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Is the above license(s) substantially similar in type and scope of practice to a Licensed Professional Counselor, Marriage and Family Therapist, Addiction Counselor or Psycho-Educational Specialist? YES NO

**DISCIPLINARY HISTORY REGARDING OUT-OF-STATE LICENSE**

[S.C. Code Ann. §40-75-800\(C\)\(2\)\(3\) and \(E\)](#) provide individuals may not be registered to provide telehealth in this State if their out of state license has disciplinary history, or is inactive or restricted.

1. Is your out of state license(s) active and unencumbered by any restrictions or conditions? YES NO

2. Have you been subject to disciplinary action relating to your license(s) during the five-year period immediately prior to the submission of this application? YES NO

3. Is your license(s) currently subject to a pending disciplinary investigation or action? YES NO

4. Has any license you have held to practice professional counseling, marriage and family therapy, addiction counseling, or as a psycho-educational specialist been revoked in any state or jurisdiction? YES NO

5. Are you aware that as a registrant you must prominently display on your website a hyperlink to the Board’s website where your name, address, out-of-state license type and license number and your South Carolina behavioral telehealth registration number will be published? YES NO

6. Are you aware that as a registrant you must notify this Board of restrictions placed on your license to practice professional counseling, marriage and family therapy, addiction counseling, or provide psycho-educational specialty services, within five business days after the restriction is placed? YES      NO
7. Are you aware that as a registrant you must notify this Board of any disciplinary action taken or pending against you in any state or jurisdiction within five business days after the disciplinary action is initiated or taken? YES      NO

**CERTIFICATION**

I certify that I am the person referred to in this application for telehealth registration in the State of South Carolina, that the information set out within this application is true and correct, and that I may be subject to disciplinary action against my registration if I provide false information.

I understand that I must inform the Board of any material change in circumstance or condition states in the application occurring between the initial filing and the final granting or denying of the registration, and provide supplemental information as needed.

I also consent, as a condition of this registration, to the personal and subject matter jurisdiction and disciplinary authority of the Board.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Privacy Disclosure**

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.



STATE OF SOUTH CAROLINA  
DEPARTMENT OF LABOR, LICENSING AND REGULATION  
**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES**  
**AFFIDAVIT OF ELIGIBILITY**



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

**Section A: LAWFUL PRESENCE in the United States.**

The undersigned \_\_\_\_\_, of \_\_\_\_\_  
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)  
 being first duly sworn deposes and states as follows:

**Check only one box:**

1.  I am a United States citizen; or

2.  I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3.  I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4.  Other: \_\_\_\_\_ Please submit any documentation that supports this status.

Date of Birth: \_\_\_\_\_

Alien Number: \_\_\_\_\_ I-94 Number: \_\_\_\_\_

**(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)**

**Section B: ATTESTATION.**

**I understand** that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

**I understand** that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

**I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.**

\_\_\_\_\_  
Signature of Affiant

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

### **CHECK box 1:**

If you are a United States Citizen by birth or naturalization

### **CHECK box 2:**

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **CHECK box 3:**

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **ACCEPTED IMMIGRATION DOCUMENTS:**

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)