



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
(LICENSE(S) LAPSED LESS THAN FIVE YEARS)**

This reinstatement application must be used if your license(s) has/have been lapsed for less than five (5) years. Submit this application for reinstatement, along with the required documents and fees.

Include with your application:

- Check or money order made payable to LLR-Board of Professional Counselors. Reinstatement and renewal fees are 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
- Verification of Lawful Presence, attached

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.

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: \$300 reinstatement fee + \$150 renewal fee for each licensing period the license was lapsed)

LPC-S, LMFT-S or LAC-S: \$300 reinstatement fee + \$100 renewal fee for each licensing period the license was lapsed)

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.: _____

Applicant Name: _____

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.

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 detailed written statement, certified copy of the court disposition, an official statewide background check from the state in which the conviction occurred and from the South Carolina Law Enforcement Division <https://catch.sled.sc.gov/>). 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

Applicant Name: _____

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.

I swear or affirm that I have not been engaged in the practice of counseling, marriage and family therapy, addiction counseling, or psycho-education specialty outside of the school setting, and/or professional counselor, marriage and family or addiction counseling supervision during the period my license was lapsed.

Applicant's Signature: _____ Date: _____

Sworn to and subscribed me this _____ day of _____, 20 ____ .

Notary Signature: _____

Print Notary Name: _____

Notary Public for the State of: _____

Commission Expiration 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)