



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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Renewal Instructions/Requirements:

- Renewal form and fee are due on or before **August 31, 2019**. You may write one check if you have more than one license, but a renewal form must be completed for each license.
- **Licensed Professional Counselor** renewed on or before August 31, 2019 fee is \$150.
- **Licensed Professional Counselor Supervisor** renewed on or before August 31, 2019, fee is \$100.
- **License Marriage and Family Therapist** renewed on or before August 31, 2019, fee is \$150.
- **License Marriage and Family Therapist Supervisor** renewed on or before August 31, 2019, fee is \$100.
- **Licensed Addiction Counselor** renewed on or before August 31, 2019 fee is \$150.
- **License Psycho-Educational Specialist** renewed on or before August 31, 2019, fee is \$150.
- **After August 31, 2019**, a late fee of \$50 will be assessed PER LICENSE.
- **After November 30, 2019**, licenses are lapsed and must be reinstated with a fee of \$300 PER LICENSE.
- All 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.
- For those initially licensed after July 1, 1998, a current, active and unrestricted SC Professional Counselors License (LPC) is a requirement for the renewal of a Professional Counselor Supervisor License (LPCS). The lapse of a LPC license shall cause the LPC Supervisor license to lapse.
- For those initially licensed after July 1, 1998, a current, active and unrestricted SC Marriage and Family Therapy License (LMFT) is a requirement for the renewal of a Marriage and Family Therapy Supervisor License (LMFTS). The lapse of a LMFT license shall cause the LMFT Supervisor license to lapse.

LPC **LPCS** **LMFT** **LMFTS** **LAC** **LPES**

SC License No.: _____

To find your Congressional District: <http://www.scstatehouse.gov/legislatorssearch.php>

LICENSEE INFORMATION

Last Name: _____ First: _____ Middle: _____

Since you were licensed, have you legally changed your name? Yes No Maiden Name: _____

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ City: _____ State: _____ Zip: _____ District: _____
Congressional District (SC Residents Only)

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

Phone No.: _____ Fax No.: _____

Email: _____

Business Name: _____

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

Business Phone No.: _____ Business Fax No.: _____

Business Email: _____

Activity Status: (Check only one)

- Currently Practicing Profession Not Currently Practicing Profession Retired Out of State _____
 (Specify)

Practice Setting: (Check only one)

- | | | |
|---|--|---|
| <input type="checkbox"/> Elem or Secondary School | <input type="checkbox"/> Group Assigned/Var Settings | <input type="checkbox"/> SCH/Treatment Center |
| <input type="checkbox"/> Fed Civilian Facility | <input type="checkbox"/> Hospital | <input type="checkbox"/> State Corrections |
| <input type="checkbox"/> Fed Military Facility | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> State/County DSS |
| <input type="checkbox"/> Freestanding Outpatient Clinic | <input type="checkbox"/> Other College/University | <input type="checkbox"/> State/County/Local Hlth Dept |
| <input type="checkbox"/> Group Assigned/Hospital | <input type="checkbox"/> Patient Homes | <input type="checkbox"/> Tech/Junior College/Voc Sch |
| <input type="checkbox"/> Group Assigned/Nursing Home | <input type="checkbox"/> Private Office | <input type="checkbox"/> University/College of Med |

Form of Practice: (Complete ONLY if practicing in SC – check one only)

- | | | |
|---|--|---|
| <input type="checkbox"/> County Government | <input type="checkbox"/> Private Employer | <input type="checkbox"/> State Government |
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> Self, Solo | <input type="checkbox"/> Other specify: _____ |
| <input type="checkbox"/> Local Government | <input type="checkbox"/> Self, Partner/Group | |

CONTINUING EDUCATION QUESTIONS

- Is this your first renewal?
If this is your first-time renewal you are not required to obtain continuing education this renewal period in which the initial license was obtained. After this first renewal, the continuing education requirements shall apply. If YES skip to Personal History Questions. Yes No
- Continuing Education Hours Schedule for 9/01/2017 to 8/31/2019 and Statements of Compliance:**
 Have you completed the required number and types of CE hours for this license for the renewal period as set forth in Board Regulation 36-16 (for Professional Counselors and Marriage and Family Therapists) or in Regulation 36-17 for Psycho Educational Specialists)? Yes No
- I attest I have met continuing education requirements for license renewal. Six (6) hours of ethics is required during this renewal cycle. This requirement can be met during this renewal cycle through the inclusion of the amount of time ethics topics were covered in regular continuing education courses, in addition to CE credit hours exclusively devoted to ethics. Yes No

PERSONAL HISTORY QUESTIONS

If you answer “Yes” to any of the below questions, please attach a detailed written explanation along with any supporting documentation.

- Since your last renewal (or if this is your first renewal since your initial license application), have you been convicted, pled guilty or pled nolo contendere for violation of any federal, state or local law (other than minor traffic violations)? Yes No
- Since your last renewal (or if this is your first renewal since your initial license application), have you had a license denied, restricted or disciplined by any licensing board or national certifying body? Yes No
- Since your last renewal (or if this is your first renewal since your initial license application), have you had any mental, emotional, and/or physical disease or condition, including alcohol or other substance abuse, which may presently interfere with your ability to competently and safely perform the essential functions involved in this profession? If you are with RPP, you do not have to answer “Yes.” Yes No
- Since your last renewal (or if this is your first renewal since your initial license application), has there been any change in the status of your lawful presence in the United States since initial licensure? (ie, naturalization; received a renewed permanent resident card) Yes No

ATTESTATION

I HEREBY swear/affirm I have read all questions on this renewal 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 licensure.

Signature: _____ Date: _____

PRIVACY NOTICE

South Carolina law requires the agency to collect personal information which is only disseminated as required by law. 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 your renewal application and other documents on file 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 purposes.