



INSTRUCTIONS AND REQUIREMENTS FOR RN OR LPN LICENSURE BY ENDORSEMENT

Compact State Information

South Carolina is a member of the Nurse Licensure Compact (NLC). The NLC allows a registered nurse or licensed practical nurse licensed in a Compact state to practice across state lines in another Compact state without having to obtain a license in the other state unless the nurse moves and declares the new compact state as his/her new primary state of residence. It is important to remember that the NLC requires nurses to adhere to the nursing practice laws and rules of the state in which he/she practices under his/her Compact license. If a nurse moves from one state to another and establishes residency, the nurse must apply for licensure in that state. In the case of electronic nursing practice (telenursing), the nurse must adhere to the practice standards of the state in which the client receives care. Please visit the National Council of State Boards of Nursing (NCSBN) Web site (www.ncsbn.org) for a list of states that have implemented the Compact.

“Primary state of residence” as defined by the Compact means the “*person’s declared fixed permanent and principal home for legal purposes; domicile.*” Proof of primary residence may include but is not limited to 1) Driver's license with a home address; 2) Voter registration card displaying a home address; 3) Federal income tax return declaring the primary state of residence. 4) Military Form # 2058- state of legal residence certificate; or 5) W2 from US Government or any bureau, division or agency thereof indicating the declared state of residence.

If your declared primary state of residence is another Compact State, you are not eligible for RN or LPN licensure in South Carolina.

- If a party state issues a temporary permit or temporary license to an endorsee, that permit or license shall confer the same rights and privileges of nursing practice as does the permanent license among party states.
- NURSIS will not track temporary licenses and the employer must verify licensure directly from the state issuing the temporary permit/ license.

Information for Applicants

A current South Carolina license, temporary license or compact multistate license is required to practice nursing in this state. Orientation is considered the practice of nursing in South Carolina. Therefore, all nurses must possess a current South Carolina license and/or temporary license or compact multistate license before beginning orientation (including classroom instruction and reading policies and procedures). It is a violation of the Nurse Practice Act to begin orientation without the proper license and can result in action by the Board. A temporary license authorizes practice in this state with privilege of title or abbreviation after name and is valid for sixty days.

If you were previously licensed by the SC Board of Nursing as an LPN or RN, do not complete this application form. Visit the Board of Nursing Website at www.llr.state.sc.us/pol/nursing for a Reactivation/Reinstatement application to reinstate your LPN or RN license.

An applicant for licensure by endorsement whose license in another state is currently restricted to prohibit the practice of nursing by any disciplinary action (i.e. suspension, revocation, or other action) shall not be considered for South Carolina license until the license from the other state of discipline is reinstated to permit the practice of nursing.

certificate will be printed on your license, unless it has been changed legally by marriage, divorce or other legal action. If your name changes (marriage, divorce or other court order) after the application has been filed, a copy of the legal document changing your name must be submitted to this office so that the correct name appears online. Your first name cannot be dropped and your middle name used on the license unless you have legally made this change and have provided documentation (court documents).

7. License Renewal: South Carolina Nursing Licenses are renewed every even year. All licenses must be renewed by April 30th every even year. It is the responsibility of the licensee to renew their license. Do not wait until renewal time to notify the Board of a change in your address. Documentation of continued competency is required to renew your license. See Section 40-33-40 of the Nurse Practice Act to review the competency requirements.

Remember

- Applications completed in pencil will be returned.
- Complete the Affidavit of Eligibility.
- Cashier's check, money order or personal check made payable to LLR-Board of Nursing. Credit cards or debit cards are not accepted.
- Documents (proof of identity and age, social security cards, marriage licenses and other legal documents) are a part of your permanent file and are not returned.
- Complete the Criminal Background Check process.
- Notify the Board immediately of a name or address change.
- Sign and date your photo on the front and tape along the top edge only onto the photo section of your application. Color or black and white photos are accepted.
- Copy of nursing license in another state or territory or dependency of the United States.
- Provide documentation of the continued competency. (Please refer to attached competency requirement).
- Request verification of your original licensure to practice. (Submit Verification Form to your original state board of licensure or process your verification online at <https://www.nursys.com>).
- Applications are maintained for one year; all fees are non-refundable.
- Any questions regarding endorsement should be directed to the SC Board of Nursing at (803) 896-4550.
- **Check the status of your application online at www.llr.state.sc.us/pol/nursing.**
- Once all requirements have been received, a license number may be generated within 10 business days. During peak times, the application review/approval process may take longer. If you were previously licensed by the SC Board of Nursing as an RN or LPN, **DO NOT** complete this application. Visit the Board of Nursing website for a Reactivation/Reinstatement Application.

Competency Requirement

According to the Nurse Practice Act, Chapter 33, Section 40-33-40:

Demonstration of competency for renewal of an active license biennially requires documented evidence of at least ONE of the following requirements during the licensure period:

1. completion of thirty contact hours from a continuing education provider recognized by the board; **OR**
2. maintenance of certification or re-certification by a national certifying body recognized by the board; **OR**
3. completion of an academic program of study in nursing or a related field recognized by the board; **OR**
4. verification of competency and the number of hours practiced as evidenced by employer certification on a form approved by the Board.

Reinstatement from lapsed or inactive status of five years or less requires documented evidence of at least one of the following within the preceding two years:

1. completion of thirty contact hours from a continuing education provider recognized by the board and successful completion of a course in legal aspects approved by the board; **OR**
2. maintenance of certification or re-certification by a national certifying body recognized by the board; **OR**
3. completion of an academic program of study in nursing or a related field recognized by the board; **OR**
4. verification of competency and the number of hours practiced in another jurisdiction where authorized to practice, as evidenced by employer certification on a form approved by the board; **OR**
5. successful completion of a refresher course approved by the board.

Reinstatement from lapsed or inactive status of more than five years requires documented evidence of at least one of the following within the preceding two years:

1. successful completion of a refresher course approved by the board, **OR**;
2. successful completion of the NCLEX appropriate to the area of licensure.

Demonstration of competency for reinstatement from lapsed or inactive status or licensure of a person who holds a current authorization to practice in another state or jurisdiction in this country or territory or dependency of the United States requires documented evidence of a least one of the requirements in subsection (B) during the preceding two years.

Failure to comply with applicable continued competency requirements results in nonrenewal or denial of the application.

A licensee shall maintain all documented evidence of compliance for at least four years. This documented evidence must be presented by the licensee within five business days of request by a representative of the department acting in its discretion or in accordance with a random audit of a sample of licensees. Failure to provide satisfactory documented evidence of compliance within the prescribed time results in the immediate temporary suspension or cancellation of the license pending compliance with all requirements for licensure and until order of the board.

Nursys Verification

1. If your original state of licensure is not one of the states listed below, **DO NOT** attempt to verify your license at <https://www.nursys.com>. Instead, follow the verification instructions on the South Carolina Board of Nursing verification form.

Alaska
Arkansas
American Samoa
Arizona
Colorado
District of Columbia
Delaware
Florida
Guam
Iowa
Idaho
Indiana
Kentucky
Louisiana-RN
Massachusetts

Maryland
Maine
Michigan
Minnesota
Missouri
Northern Mariana Islands
Mississippi
Montana
North Carolina
Nebraska
New Hampshire
New Jersey
New Mexico
Nevada
New York

Ohio
Oregon
Rhode Island
South Dakota
Tennessee
Texas
Utah
Virginia
Virgin Islands
Vermont
Washington
Wisconsin
West Virginia-PN
Wyoming

NURSYS Secure Online Verification Process: <https://www.nursys.com>

South Carolina Board of Nursing Verification Form

Use this form **ONLY** if your original state of licensure is **NOT** listed on the preceding page (Nursys form).
Most states charge a fee to complete this form. Check with your original state board of nursing before mailing.

PART I: To be completed by the applicant and forwarded to the original state of licensure.

Name _____
First Middle Maiden Last

Previous Names(s) _____

Current Street Address _____ City _____ State _____ Zip _____

Date of Birth _____ (mm/dd/yyyy) Social Security # _____

Nursing Education Program _____ Degree Granted _____

Name as on original license _____
First Middle Maiden Last

City of Program _____ State _____ Date of Completion _____

Original State of Licensure _____ Issue Date of Original License _____ Original License Number _____

Type of License RN LP/VN Current State of Licensure _____ Issue Date of Current License _____

Current License Number _____ Type of License RN _____ LP/VN _____

LIST ALL OTHER STATES OF LICENSURE

State: _____ License Number: _____ Date Issued: _____

State: _____ License Number: _____ Date Issued: _____

State: _____ License Number: _____ Date Issued: _____

I hereby authorize all identified Boards of Nursing to release my licensure data to the South Carolina Board of Nursing.

Signature _____ Date _____

PART II: To be completed by the original state of licensure and forwarded to:

South Carolina Board of Nursing, P. O. Box 12367, Columbia, SC 29211

This is to certify that _____ was issued license number _____ Date Issued _____
(Applicant Name)

to practice registered nursing _____ practical nursing _____

Licensed by: Examination _____ Endorsement _____ Waiver/Equivalency _____

Current Licensure Status: Active _____ Inactive _____ Lapsed _____ Expiration Date: _____

Has this license ever been encumbered (denied, revoked, suspended, limited, placed on probation)? Yes No

Disciplinary Action Pending? Yes No Explain yes responses and/or attach a certified copy of the action.

Nursing Education Program Completed _____ Approved by State? Yes No

Location (city/state) _____ Graduation Date _____

Type of Nursing Program DIP _____ ADN _____ BSN _____ LPN _____ Other _____

STATE BOARD TEST POOL EXAMINATION _____ RN _____ LP/VN _____ NCLEX _____ RN _____ LP/VN _____

Scores

Medical Nursing _____ Psychiatric Nursing _____ Obstetric Nursing _____ Surgical Nursing _____ Nursing of Children _____

Series/Form _____ Number of times applicant took exam _____ Exam Dates: _____

Signature _____ Title _____ State _____ Date _____

OFFICIAL SEAL

From the online application option select Nursing for the Division and then the proper application you are applying

- for:
- LPN Licensure by Endorsement
 - LPN Licensure by Endorsement with Temporary License
 - RN Licensure by Endorsement
 - RN Licensure by Endorsement with Temporary License

[Online Application Login](#)

[Back to Online Application Options](#)