

South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Nursing

P.O. Box 12367 • Columbia, SC 29211

Phone: 803-896-4550 • Fax: 803-896-4515 • www.llronline.com/POL/nursing/



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.
- NURSYS 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.

Instructions

- Complete and submit the attached Application for Licensure by Endorsement with the correct fee. Money
 orders, cashier's checks or personal checks should be made payable to LLR-Board of Nursing. Credit
 cards or debit cards are not accepted. Application fees are non-refundable. Your application must include
 the following:
 - a. Recent 2"x2", full faced passport type photo, signed and dated on the front.
 - b. Submit copy of vital statistics birth certificate or passport (hospital birth certificates are not accepted).
 - c. Copy of social security card, permanent resident card or a resident alien identification card assigned to a resident alien who does not have a social security number.
 - d. Copy of nursing license in another state or jurisdiction in this country or territory or dependency of the United States.
 - e. Provide evidence of continued competence- See enclosed competency requirements.
 - f. Provide proof of residence- driver's license; voter registration card or state issued identification card
 - g. Copy of legal documents that authorizes a change in name, if applicable.
 - h. Request verification from original state of licensure or territory or dependency of the United States. (Submit a Verification Form to the original state Board of licensure or Process your verification online at https://www.nursys.com).
 - i. Complete the criminal background check requirements.
 - Fees as follows: Endorsement License Only Endorsement License with Temporary License \$110.00
 - Check the status of your application online at <u>www.llr.state.sc.us/pol/nursing</u>. Allow 10-business
 days for processing after receipt of your application in the Board's office. Also, allow 10-business
 days after receipt of the last document for a license number to be generated.
- 2. Submit the <u>Verification</u> form to your original state board of licensure <u>or</u> if your original state of licensure is listed on the NURSYS page, process your verification online at https://www.nursys.com.
 - If your original state of licensure is not listed on NURSYS, then send the verification form, included within this application, to your original state of licensure. A fee is normally charged for this service and you must contact the state nursing board for the amount required. The completed form must be submitted directly to the South Carolina Board of Nursing. Be sure to send this form to the original licensing board as soon as possible as this process may take several weeks to complete. If your nursing education is not included on your verification, then you are required to submit an official transcript sent directly from your nursing education program to the SC Board of Nursing office. The transcript must include all nursing courses applied to meet degree/diploma requirements, date degree/diploma awarded, date of graduation, registrar's signature and school's seal.
- **3.** <u>Walk-in Applicants:</u> The SC Board of Nursing will process "walk-in" applications regarding eligibility for issue of a temporary license Monday-Friday between the hours of 9:00 A.M.-4:00 P.M.
 - All required documents (1a-1g) must be provided at the time of the walk-in in order for a temporary license to be issued.
- 4. <u>Temporary License:</u> Temporary licenses are not available to applicants educated outside the United States who have not passed the NCLEX/SBTPE. Documentation of continued competency is required before one can obtain a temporary or permanent license.
- 5. <u>Change of Address:</u> The Board should be notified of all changes in address, name and/or telephone number within fifteen (15) business days. This will facilitate mailing of pertinent correspondence pertaining to licensure.
- **6.** <u>Name Used on License:</u> All licenses are issued in the applicant's legal name. Your legal name is your first name, middle name or maiden name, if married, and last name. The name as it appears on your birth

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. <u>License Renewal:</u> 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, <u>DO NOT</u> 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.

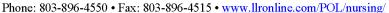
A licensee shall maintain all documented evidence of compliance for at least four years. This documented evidence must be presented by the licensee within five business days of request by a representative of the department acting in its discretion or in accordance with a random audit of a sample of licensees. 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.



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EMPLOYER CERTIFICATION

Verification of Competency and Nursing Practice Hours Worked

'Competence' means the ability of a licensed nurse to perform safely, skillfully, and proficiently the functions within the role of the licensee. The role encompasses the possession and interrelation of essential knowledge, judgment, attitudes, values, skills, and abilities, which are varied and range in complexity. Competence is a dynamic concept, changing as the licensed nurse achieves a higher stage of development, responsibility, and accountability within the role. [Nurse Practice Act §40-33-20 (22)]-

I hereby authorize the release of this information to the South Carolina Board of Nursing. Please note, the below information must have been within the preceding two years.

Licensee/Employee Signature	Date				
	has worked				
Nurse Licensee Name & Title (please print)	Nursing Practice H	Nursing Practice Hours			
during the period of	through	and has			
performed his/her duties competently.					
Employer / Representative Signature	Employer Contact Information				
Date	Printed Employer / Representative Name				
	Title				
□ Initial Licensure					
□ Reinstatement/Reactivation	Name of Company				
□ Renewal	Direct Telephone Number				
Select the option that fits your intended use for this form.	E-Mail Address				

Nursys Verification

1. <u>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.</u>

Alaska Ohio Maryland Arkansas Maine Oregon American Samoa Michigan Rhode Island Minnesota South Dakota Arizona Colorado Missouri Tennessee District of Columbia Northern Mariana Islands Texas Delaware Mississippi Utah Florida Montana Virginia Guam North Carolina Virgin Islands Iowa Nebraska Vermont New Hampshire Washington Idaho Indiana New Jersey Wisconsin Kentucky New Mexico West Virginia-PN Louisiana-RN Nevada Wyoming

Massachusetts New York

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		A 4" 1 11						
First		Middle		Maiden	Last			
Previous Names(s)				0"	O t 1			
Current Street Address						Zip		
	m/dd/yyyy)	Social Security #						
Nursing Education Program		Degree Granted						
Name as on original licenseFirst	rst	Middle		Maiden	Last			
City of Program		Stat	e	Date of	Completion			
Original State of Licensure		Issue Date of 0	Original Licens	e	Original License N	lumber		
Type of License RN	LP/VNC	urrent State of Licensu	tate of LicensureIssue Date of Current License					
Current License Number		Type of License RN LP/VN						
LIST ALL OTHER STATES OF L	ICENSURE							
State:	L	icense Number:		Date Iss	sued:			
State:	L	icense Number:		Date Iss	sued:			
State:	L	icense Number:		Date Iss	sued:			
I hereby authorize all identified B	oards of Nursing to	release my licensure da	ata to the Sout	h Carolina Board of	Nursing.			
Signature				Date				
		pard of Nursing, P. O. Box 12367, Columbia		ı, SC 29211				
Licensed by: Examination								
Current Licensure Status: Active								
Has this license ever been encur Disciplinary Action Pending?	nbered (denied, revo	oked, suspended, limite	ed, placed on p	robation)?	□Yes	No 🗌		
Nursing Education Program Com	pleted				Approved by State	? ∐Yes No□		
Location (city/state)				Graduat	ion Date			
Type of Nursing Program	DIP	ADN	BSN	LPN	Other			
STATE BOARD TEST POOL EX	AMINATION	RN	LP/VN	NCLEX_	RN	LP/VN		
Medical NursingPs	ychiatric Nursing	Obstetric Nurs	ing	_Surgical Nursing_	Nursing	of Children		
Series/Form	s/FormNumber of times applicant took examExam Dates:							
SignatureOFFICIAL SEAL		Title			_State	_Date		

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