South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Nursing
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 12367 • Columbia • SC 29211-2367
Phone: 803-896-4550 • NURSEBOARD@llr.sc.gov • Fax: 803-896-4515
llr.sc.gov/nurse

SC VOLUNTEER NURSE RENEWAL APPLICATION INSTRUCTIONS

SECTION 40-33-37. Volunteer licenses.

(A) The board may issue a volunteer license without a fee to a retired nurse, upon written application, to donate nursing services through one specific charitable organization approved by the board if the nurse:

1) has been granted inactive status and has practiced not less than twenty-five years or until age sixty-five after a minimum of fifteen years of practice;

2) submits evidence of completing not less than twenty-five hours of initial training with the charitable organization; and

3) has been on the official inactive status list for not more than ten years.

(B) A volunteer license is not transferable and authorizes the retired nurse to provide nursing services to others without remuneration of any kind. A separate application must be filed and a separate license must be issued for every charitable organization to which the retired nurse wishes to donate nursing services.

(C) **A volunteer license may be renewed annually, except as otherwise provided in Section 40-1-50, upon application and satisfactory demonstration of continued competency or not less than twenty-five hours of service or additional training per year with the same charitable organization. A volunteer license may be renewed if the license has been renewed without interruption with the same charitable organization and all other qualifications have been met.**

(D) The board may promulgate regulations to carry out the provisions of this section.

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Please print. Answer all questions and submit with proper fee. Careful completion of this application will avoid a delay in processing. Personal information provided in this application may be subject to public scrutiny or release under the SC Freedom of Information Act or other provisions of federal and state law. The disclosure of the social security number for identification purposes is authorized and mandated by state and federal statutes. The social security number is not subject to disclosure as public information.

APPLICANT INFORMATION

Last Name:_____ First:_____ Middle: _____ Suffix: _____

Have you ever legally changed your name? ☐ Yes ☐ No Maiden/Prior Name: _____
If yes, please submit legal documentation supporting the change.

Home Address: _____City:_____State:_____Zip:_____ District:_____
Congressional District (SC residents only)

SC residents to find your congressional district you may go to: http://www.scstatehouse.gov/legislatorssearch.php

Mailing Address: _____City:_____State:_____Zip:_____
(If different than above)

Phone: _____ Email Address: _____

Date of Birth: _____ Social Security No. or Alien Registration No.*: _____
*If an Alien Registration number is provided, a valid social security number will be required before a final license is issued.

Place of Birth (City, State or Country) (for statistical purposes only): _____

SC Nursing License Number: _____ RN LPN Years Practiced: _____

Race: _____ Gender: ☐ Female ☐ Male
(for statistical purposes only)

Since you last renewed your license, have you:

Have you ever been convicted pled guilty, or nolo contendere for violation of any federal, state, or local law, or do you have charges pending (other than minor traffic violation)? ☐ Yes ☐ No
(If yes, attach a detailed letter of explanation & have a state criminal background check sent directly to the SC Board of Nursing)

Have you ever had any investigation, formal complaint, disciplinary action or consent order filed against you by any person, hospital, or nursing board in any jurisdiction? ☐ Yes ☐ No
(If yes, attach a detailed letter of explanation. Send a request to the board issuing the disciplinary action for a copy of the Final Order to be sent directly to the SC Board of Nursing.)

Have you ever had any investigation, formal complaint, disciplinary action or consent order filed against you by any person, hospital, or nursing board in any jurisdiction? ☐ Yes ☐ No
(If yes, attach a detailed letter of explanation. Send a request to the board issuing the disciplinary action for a copy of the Final Order to be sent directly to the SC Board of Nursing.)

Have you ever received disciplinary action by an employer for your job performance? ☐ Yes ☐ No
(If yes, attach a detailed letter of explanation.)

Have you developed any disease or condition, physical, mental, or emotional, that might interfere with your ability to competently and safely perform the essential functions of practice as a nurse? ☐ Yes ☐ No
(If yes, attach a detailed letter of explanation. If you are currently enrolled in the Recovering Professional Program, you may answer "No" to this question)

CHARITABLE ORGANIZATION
For which you wish to donate services.

Name:_____

Address: _____City:_____State:_____Zip:_____

Telephone: _____ Fax: _____

Attach a letter from your charitable organization documenting that you have satisfactorily completed not less than 25 hours of initial training with their organization. (Section 40-33-37) This initial training should be completed through of a package of classroom instruction covering the prerequisite skills needed for your volunteer capacity and may also include a shadowing (non-participative) period.

ATTESTATION

I, _____ , am the person described and identified and the person named in all documents presented in support of this application.

I have carefully read the questions within this application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct to the best of my knowledge and belief.

Should I furnish any false, incomplete, or misleading information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license in South Carolina.

I certify I am the person shown in the photograph below and it has been taken within the last 6 months.

_____ _____
Applicant Signature Date

_____
Print Applicant Name

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: _____

Rev: 02-02-2015

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)