

Passport Size Photo

I, _____, am the person shown in
(Please Print)
the attached photograph and I certify that it has been taken within the last six months.

Applicant's Signature _____ Date _____
(Do not print)

Attach Passport Style
Photo Here

2x2

No copies

You can submit this page by either attaching it to the online application under the "Uploads" section OR by mailing this page to the Board. The mailing address for the Board is:

**South Carolina Board of Nursing
Attn: Advanced Practice
PO Box 12367
Columbia, S.C. 29211-2367**

Note to Applicant-- DID YOU REMEMBER TO:

- Have official transcripts mailed directly from master's of nursing education program to the Board of Nursing office.
- Endorsement Applicants Only-Complete the verification process for RN and Advanced Practice Licensure.
- Submit a copy of current national advanced nursing specialty certification (see approved list on the SC Board of Nursing web page). New graduates shall provide evidence of certification within one year of program completion; however, psychiatric clinical nurse specialists shall provide evidence of certification within two years of program completion.
- Complete the criminal background check process.
- Obtain all SC physician signatures and license numbers that apply to your application.
- Complete the separate prescriptive authority application, if applicable.

Please note that any illegible documents will not be accepted. If your upload is found to be illegible you will be asked to mail in the supporting document.