



REQUIREMENTS AND INSTRUCTIONS FOR RN OR LPN LICENSURE BY ENDORSEMENT

This application is for an RN or LPN who is actively or previously licensed in another state and is moving to South Carolina as a permanent resident or is licensed in a non-compact state and seeks to practice in South Carolina.

REQUIREMENTS

Below is an overview for licensure by endorsement. For more information, you may visit the South Carolina Board of Nursing (SCBON) website.

CRIMINAL BACKGROUND CHECK (CBC) PROCESS

An applicant for a license to practice nursing in South Carolina shall be subject to a criminal history background check as specified in section 40-33-25 of the Nurse Practice Act. The Board will send you instructions on how to have your fingerprints processed once your application is received. **DO NOT** have your fingerprints or CBC report processed until you have submitted an application and received instructions from the Board.

COMPACT STATE INFORMATION

SCBON is a member of the Nurse Licensure Compact (NLC). If you are currently licensed in a participating compact state and you move to South Carolina and declare South Carolina as your permanent residence, you must apply for licensure by endorsement within sixty (60) days with the SCBON. If you apply for licensure in advance of moving, you will be issued a single-state license until you can provide the ***Declaration of Primary State of Residence Form*** with a copy of your proof of residence. For more information, please visit the National Council of State Boards of Nursing (NCSBN) at <https://www.ncsbn.org/>.

“Primary state of residence” as defined by the NLC means the *“person’s declared fixed permanent and principal home for legal purposes; domicile.”*

Proof of primary residence must be established with one of the following:

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.

OUT-OF-STATE LICENSE VERIFICATION

A license verification is required from your original state of licensure by exam. Visit <https://www.nursys.com/> to request an electronic verification of licensure be sent to the SCBON. If the state that you are currently licensed with is not a participating state of NURSYS, you will need to contact that state board directly and have a license verification sent directly to the SCBON.

FEDERAL GOVERNMENT/MILITARY EMPLOYMENT

If you are in the military or do work for the Federal government and are currently licensed in another state, you are only required to apply for licensure if you intend to work outside of the military or Federal Government.

If you choose to apply you will be issued a single-state license.

VERIFICATION OF LEGAL NAME

A license must be issued in the nurse's legal name as verified by a birth certificate or other legal document acceptable to the Board. Examples of acceptable documents include a valid passport, vital statistics birth certificate (not hospital birth certificate), marriage certificate, divorce decree, or court order approving legal name change.

TEMPORARY LICENSE

You may apply for a sixty (60) day temporary license to practice nursing in SC while your application is being processed. You will need to provide proof of an active license to practice in another state or jurisdiction of the United States. All required documentation except for the Criminal Background Check and the license verification must be received in order for a single-state temporary license to be issued. The license is only valid for sixty days and you cannot work once it has expired. Orientation is considered the practice of nursing and you must be licensed to attend.

A temporary license is not available for applicants who answer yes to the personal history questions related to previous discipline, surrender/relinquishment of a professional license in lieu of discipline, safety to practice, and/or arrest/convictions. Or if you are an applicant educated outside of the United States and have not passed the NCLEX exam.

CONTINUED COMPETENCY

You must provide documentation of continued competency by meeting one of the following requirements within the past two (2) years. Approved providers and forms may be found on the SCBON website:

<https://lir.sc.gov/nurse/ce.aspx>.

- Completion of thirty contact hours from a continuing education provider recognized by the Board (Continuing Education Certificates are required).
- Maintenance of certification or re-certification by a national certifying body recognized by the Board; or
- Completion of an academic program of study in nursing or a related field recognized by the Board; or
- Verification of competency as evidenced by employer certification on a form approved by the Board (**Employer Certification Form, attached**).

FOREIGN-EDUCATED APPLICANT INFORMATION

For detailed information on foreign educated applications, visit: <https://lir.sc.gov/nurse/feducation.aspx>. This process should be completed before making application with the SCBON due to time constraints and should be sent directly to the SCBON.

- You will need to request a Credential Evaluation Report to be sent directly to the SC Board of Nursing. Visit Credential Evaluation Services for more detailed information on service providers.

ENGLISH PROFICIENCY

Foreign applicants whose native language is not English are required to take and pass an English proficiency examination. Visit [English Proficiency](#) page for detailed information on service providers and a list of acceptable exemptions.

RESIDENT ALIEN REGISTRATION

A foreign applicant may apply with a resident alien registration number, but a social security number is required before a Criminal Background Check can be processed and before a license will be issued.

APPLICATION STATUS

Applications for licensure are valid for one year from the date of filing with the board. An applicant who fails to attain licensure during this period shall submit a new application, application fee, CBC, and required documentation.

Applications are processed (reviewed) in the order they are received. Once your application is processed, you will be emailed a status update and instructions on how to have your CBC processed. The email will be sent to the email address you have provided at the time of application.

Include with your application:

- Payment of application fee. **Application 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.
- Copy of your valid driver's license, State issued ID, Passport or Military ID.
- Copy of Social Security card or Resident Alien Registration. A social security card will be needed before the final license is issued.
- [Notarized Verification of Lawful Presence](#)
- [2" x 2" passport-type photo affidavit form](#) (Must be less than 6 months old)
- Verification of legal name: (vital statistics birth certificate (not hospital birth certificate), valid passport, marriage certificate, divorce decree, or court order approving a legal name change)
- [Declaration of Primary State of Residence Form](#) with proof of residence (if available at the time of application).
- Proof of Continued Competency
 - [Employer Certification Form](#), if applicable
- Copy of active license to practice in another state, jurisdiction or territory of the United States (For temporary license applicants).
- English Proficiency Report, if applicable.

Have submitted directly to the SCBON by the issuing institution/agency:

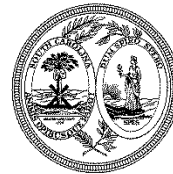
- Verification of licensure via Nursys (<https://www.nursys.com/>) **or** have a license verification issued to the SCBON by the State Board if they are not a participant of Nursys.
- **Foreign Educated Applicants**, please see additional information regarding requirements for licensure at: <https://lir.sc.gov/nurse/feducation.aspx>.

Criminal Background Check: Instructions will be sent via email to you **AFTER** your application has been received. Do not have your CBC processed beforehand; it may be purged if your application is not on file and you will need to pay to have a new one sent.

Please [click here](#) to access the online application.



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: _____

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)



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

PASSPORT-TYPE PHOTO AFFIDAVIT FORM

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

Applicant Signature

Print Applicant Name

Tape Passport Type
Photo Here
2 x 2