



**REQUIREMENTS AND INSTRUCTIONS FOR  
ADVANCED PRACTICE REGISTERED NURSE (APRN)  
LICENSURE BY ENDORSEMENT**

**APPLICATION CANDIDATES:**

This application is for a nurse practitioner (NP), certified nurse-midwife (CNM), certified registered nurse aesthetician (CRNA) or clinical nurse specialist (CNS) who is currently or was previously licensed as an APRN in another state.

**REQUIREMENTS**

An applicant for a license who currently holds or has held an authorization to practice in another state or jurisdiction in the country or territory or dependency of the United States may be licensed by the board by endorsement, without examination, if the applicant:

1. has met all qualifications for licensure as a registered nurse; and
2. holds current specialty certification by a board-approved credentialing organization.
  - 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; and
3. has earned a master's degree from an accredited college or university, except for those applicants who:
  - a. provide documentation as requested by the board that the applicant graduated from an advanced, organized formal education program appropriate to the practice and acceptable to the board before December 31, 1994; or
  - b. graduated **before December 31, 2003**, from an advanced, organized formal education program for nurse anesthetists accredited by the national accrediting organization of that specialty.

CRNA's who graduate **after December 31, 2003**, must graduate with a master's degree from a formal CRNA education program for nurse anesthetists accredited by the national accreditation organization of the CRNA specialty. An advanced practice registered nurse must achieve and maintain national certification, as recognized by the board, in an advanced practice registered nursing specialty; and

4. has a declared specialty area of nursing practice and the specialty title to be used must be the title which is granted by the board-approved credentialing organization or the title of the specialty area of nursing practice in which the nurse has received advanced educational preparation.
5. Submits verification of current or prior authorization to practice as an APRN and RN nurse in another state or jurisdiction or territory or dependency of the United State and that a license:
  - a. has been issued on the basis of passing the State Board Test Pool Examination before 1983 or the appropriate National Council Licensure Examination;

- b. was not issued on the basis of passing the State Board Test Pool Examination before 1983 or the appropriate National Council Licensure Examination, in which case the applicant shall demonstrate not fewer than three years of successful practice as a licensed nurse in another state or jurisdiction in this country without disciplinary action that resulted in restriction of practice, including probation.

### **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.

- If you are applying with an alien registration number, you will not be able to have your fingerprints processed until you obtain a social security number.

### **EDUCATION:**

Official transcripts from an accredited college or university where the applicant earned a master's degree. See Requirements section on the prior page for exceptions for nurse anesthetists and applicants who graduated before December 31, 2003.

Schools for all MSN or Doctorate programs must be approved by either the CCNE or the ACEN. You must have a national certification for the specialty area of nursing practice.

### **NATIONAL CERTIFICATION FOR SPECIALTY AREA OF PRACTICE**

You must have a national certification for the specialty area of nursing practice. You may include proof of national certification with your application or have it sent directly to the SCBON.

- New graduates shall provide evidence of certification within one year of program completion.
- Psychiatric clinical nurse specialists shall provide evidence of certification within two years of program completion.

To see a list of approved certification organizations, please visit this link:

<https://www.llr.sc.gov/nurse/PDF/BoardApprovedAdvancedPracticeCertificationOrganizations.pdf>

### **FOREIGN-EDUCATED APPLICANTS**

For detailed information on foreign educated applicants, visit: <https://llr.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 submit a copy of your nursing license from country of original licensure.
- 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.
- You must have passed the NCLEX.

### **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.

### **TEMPORARY LICENSE:**

You may apply for a sixty (60) day temporary license to practice nursing in SC if one or more of the below listed items is pending for an additional \$10 fee. Prescription Authority is only available when a permanent license is issued. 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, and/or arrest/convictions.

- Criminal Background Check.
- Documentation of your national certification.
- Official License Verification.

You will need to provide proof of an active license to practice in another state or jurisdiction of the United States.

### **SAFEGUARDING PATIENT RECORDS**

Each Advanced Practice Registered Nurse (APRN) licensee actively practicing within the State of South Carolina, in a solo practice setting, shall designate a partner, personal representative, or other responsible party to assume responsibility for patient medical records in the case of incapacity, death or disappearance of the licensee, including any circumstances whereby the licensee is unable for any reason to provide continuity of care, appropriate referral or patient medical records upon a valid request of the patient.

Each APRN nurse licensee must identify by name, address, and telephone number their designee required by this regulation upon each application for initial licensure, renewal, and reinstatement.

### **OUT-OF-STATE LICENSE VERIFICATION**

Verification of current or prior license to practice as an advanced practice registered nurse in another state is required.

You may visit <https://www.nursys.com/> to request an electronic verification of your RN licensure by exam to be sent to the State Board of Nursing for South Carolina (SCBON). If the state 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.

Electronic verifications may be sent to the SCBON directly from the issuing state board via email: [nurseboard@llr.sc.gov](mailto:nurseboard@llr.sc.gov).

### **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.

### **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.

### **NOTIFICATION OF INITIAL EMPLOYMENT/CHANGE OF PRACTICE**

The South Carolina Nurse Practice Act requires a licensed APRN (NP, CNM, CNS), who changes or discontinues primary practice settings or collaborating physicians to notify the board of this change within 15 business days and provide verification of a written practice agreement. A CRNA who changes or discontinues practice settings or physicians/dentists shall notify the Board of such change within 15 days and provide verification of written guidelines.

## **NURSE LICENSURE COMPACT**

South Carolina is a member of the Nurse Licensure Compact (NLC). The NLC does not affect additional requirements imposed by states for advanced practice registered nursing. A multi-state licensure privilege to practice registered nursing granted by a party state must be recognized by other party states as a license to practice registered nursing if a license to practice registered nursing is required by state law as a precondition for qualifying for advanced practice registered nurse authorization.

A current APRN South Carolina license or temporary license is required to practice advanced 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 before beginning orientation (including classroom instruction and reading policies and procedures).

## **DECLARATION OF PRIMARY STATE OF RESIDENCE**

The SC Nurse Practice Act allows an APRN to practice as an RN while their APRN license is in good standing. If you want to practice as an RN with multi-state privileges, you are required to submit the Declaration of Primary State of Residence form.

If you apply for licensure in advance of moving, your RN license will be 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.

## **PRESCRIPTIVE AUTHORITY APPLICATION**

The prescriptive authority application is a separate process from initial licensure. We recommend having your collaborating physician and written protocol in place before applying. The written protocol should not be submitted unless you are audited by the SCBON. The SCBON will notify you if you are being audited.

Visit <https://llr.sc.gov/nurse/Online/APRNRX.aspx> for detailed application requirements and instructions

## INSTRUCTIONS

### Include with your application:

- Payment of application fee. Application fee is 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 valid driver's license, state issued ID, passport or military ID.
- Copy of Social Security Card
- [Notarized Verification of Lawful Presence](#)
- Copy of active out-of-state license (for temporary license applicants only)
- Copy of current national advanced practice specialty certification
- [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)
- Initial Employment/Change of Practice Form. (If employment is known at the time of application.)
  - [APRN Initial Employment/Change of Practice Form](#)
  - [CRNA Initial Employment/Change of Practice Form](#)
- English proficiency report, if applicable.
- [Declaration of Primary State of Residence Form](#), if applicable.
- [Malpractice Claim Form](#), if applicable.

### Have submitted directly to the SCBON from the issuing institution/agency:

- Official transcripts sent from education institution where master's degree was obtained. Information for foreign educated nurses can be found at: [lr.sc.gov/nurse/education.aspx](http://lr.sc.gov/nurse/education.aspx)
- Official license verification of RN and current/prior APRN license.
- **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.

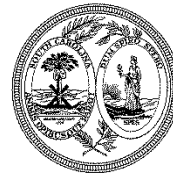
## APPLICATION STATUS

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.



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](http://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





## DECLARATION OF PRIMARY STATE OF RESIDENCE FOR PURPOSES OF THE NURSE LICENSURE COMPACT

Please complete this form and include a copy of an approved proof of residence (listed below) by submitting with your application. You may also log your e-service account (<https://eservice.llr.sc.gov/DocumentSubmission>) if you need to update your existing license to add SC as your primary state of residence.

Visit the National Council of State Boards of Nursing website ([www.ncsbn.org](http://www.ncsbn.org)) for a list of states that have implemented the Compact.

“Home state” is defined as the state which is the nurse’s primary state of residence. The Nurse Licensure Compact (NLC) requires each nurse to declare in writing a primary state of residence upon initial application and renewal of the nursing license. “Primary state of residence” means the state in which a nurse declares a principal residence for legal purposes. See [SC Code 40-33-1320](#) for more information related to “home state.”

### 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.

Name (as shown on license): \_\_\_\_\_ SC License No.: \_\_\_\_\_  
(If license has been issued.)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this a change of address?      Yes      No      Last 5-Digits of Social Security No.: \_\_\_\_\_

### DECLARATION

I hereby declare my primary state of residence is \_\_\_\_\_.

By the signature below, I attest to the accuracy of the information provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: If you are currently licensed as a South Carolina nurse, you may need to complete a new fingerprint criminal background check. You will be notified by email if you are subject to this requirement and notification will include instructions on how to have your fingerprints processed.



### MALPRACTICE CLAIM INFORMATION

This form must be completed if you have ever been named as a defendant in a malpractice lawsuit, verdict or settlement.

\_\_\_\_\_  
Nurse Name

\_\_\_\_\_  
Office Telephone No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

#### **MALPRACTICE COMPLAINT:**

Include name of patient, age, sex, date of occurrence and location, i.e., office or name and address of hospital.

Patient's Name: (Not required) \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Occurrence: \_\_\_\_\_

Place of Occurrence: \_\_\_\_\_

Indicate your position in case: (i.e., resident, primary physician, etc.) \_\_\_\_\_

**FILED AGAINST:**   ☐ Individual Nurse   ☐ Group   ☐ Hospital

List names of other defendant doctors, nurses and/or hospitals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISPOSITION:**   ☐ Pending   ☐ Jury Verdict   ☐ Settled   ☐ Dismissed   ☐ Dropped

If the lawsuit against you was dismissed, was it dismissed by the Court on the merits or was it dismissed as a result of settlement negotiations before settlement?

☐ On the merits   ☐ Dismissed before settlement

If there has been a verdict or settlement, please provide the following information:

Legal Outcome: \_\_\_\_\_

Total Amount Paid: (If any) \_\_\_\_\_ Date Paid: \_\_\_\_\_

Amount attributable to you: \_\_\_\_\_

1. On a separate sheet, provide a detailed written explanation of the background and medical issues involved in the case.
2. Attach copies of the complaint, answer, release, settlement documents and all other relevant legal documents.
3. Form may be duplicated as needed. A separate report must be completed for each malpractice claim.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_