



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 Continuing Education Review Application

Individuals may submit this application to request that the Board accept a continuing education program offered by or approved by a provider or organization **not** found on the *Competency Requirement Criteria*. This application should be completed and submitted **prior to the licensure renewal period**.

Parts 1 & 2: Complete all information

Part 3: The rationale should be a brief explanation of why this program is relevant to your nursing practice.

Part 4: All of the following must be attached or the application will be returned:

- A copy of the brochure listing the learning objectives/ outcomes, the agenda schedule to verify the program length and the speaker(s) vitae
- Certificate of attendance if program is completed
- Self-addressed, stamped envelope

Part 5: If the program is accepted, please retain the form when it is returned to you along with your certificate of completion/ attendance for your continuing education records.

Send to:

South Carolina Board of Nursing
P O Box 12367
Columbia, SC 29211-2367

All documentation must be received before your application will be reviewed. Questions may be directed to the licensure section at (803) 896-4550.

FOR OFFICE USE ONLY	
Accepted _____	Not Accepted _____
# of Hours _____	

SC DEPARTMENT OF LABOR, LICENSING, & REGULATION
SC BOARD OF NURSING
 POST OFFICE BOX 12367
 COLUMBIA, SC 29211
 www.llr.state.sc.us/pol/nursing

CONTINUING EDUCATION REVIEW APPLICATION

This form must be complete in full -Please Print or Type

PART 1				
Name		License #		
Address			Telephone	
City		State		Zip Code

PART 2	
Offering Title:	Offering Date:
Offering Location:	Provider Address:
Offering Provider:	

PART 3
RATIONALE STATEMENT: Brief Explanation of how this offering relates to your nursing practice

PART 4
ATTACHMENTS: All must be attached or the form will be returned.
<input type="checkbox"/> Learning Brochure Objectives/Outcomes
<input type="checkbox"/> Offering Brochure listing agenda, scheduling, speaker vitae
<input type="checkbox"/> Certificate of Attendance if offering completed
<input type="checkbox"/> Self-Addressed, Stamped Envelope
Signature _____ Date _____

PART 5
If accepted, please retain this form and your certificate of completion/attendance with your records to document that the above contact hours are accepted for the licensure period of May 1, _____ - April 30, _____

YOU DO NOT NEED TO COMPLETE THIS FORM IF ANY OF THE FOLLOWING APPLY:

1. You took a nursing course in a nursing degree program as referenced on the Competency Requirement Criteria.
2. Your certificate of completion/attendance indicates the offering has been approved for continuing nursing education by one of the organizations listed on the Competency Requirement Criteria.

CONTINUING EDUCATION CREDIT cannot be given for:

- | | |
|--------------------------|----------------------------|
| 1. In-service programs | 4. CPR, BCLS, or Code Blue |
| 2. On-the-job training | 5. Testing out of a course |
| 3. Orientation for a job | |