



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Nursing

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llr.sc.gov/nurse

CERTIFICATE OF ENDORSEMENT

This form is for South Carolina (in-state) graduates. It needs to be completed and signed by the present Dean or Director of the School of Nursing from which the applicant graduated. This form must be mailed directly to the SC Board of Nursing at the address indicated above or may be emailed from the school to nurseboard@llr.sc.gov. Certificates will not be accepted from the applicant.

Official Name and Address of School:

School Name: _____ Program Code: _____

Address: _____

Student's Full Name: _____ Prior: _____

Last 5 digits of social security number: _____

Date of admission to nursing school: _____ Date of completion: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Date degree/diploma conferred: _____ RN LPN

CERTIFICATION:

I CERTIFY that records in the Registrar's Office and/or School of Nursing indicate that:

_____ Candidate's Full Legal Name

has satisfactorily completed all requirements of the nursing education program and for graduation from the

educational institution to hold a DEGREE: _____ or DIPLOMA: _____
(specify type of degree)

of this school dated: _____.

Signature: _____ Print Name: _____
(Nurse Administrator of Nursing Education Program) *

Title: _____ Date: _____

* REGISTRAR'S SIGNATURE IS NOT ACCEPTABLE

{SCHOOL SEAL}
If not available, please attach
notarized copy of signature

THIS FORM MAY NOT BE ALTERED OR MODIFIED IN ANY WAY.