



**South Carolina Board of Nursing**

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

Please return the completed Declaration Form and a copy of proof of residence by submitting with your application if you have established residency or by logging into <https://eservice.llr.sc.gov/DocumentSubmission> or you may email to [nurseboard@llr.sc.gov](mailto:nurseboard@llr.sc.gov). Faxed copies are not accepted.

Name: \_\_\_\_\_

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

Is this a change of address?    Yes    No

License No.: \_\_\_\_\_

Last 5-Digits of Social Security No.: \_\_\_\_\_

In accordance with South Carolina Code § 40-33-1320, I hereby declare South Carolina as my “home state.” “Home state” is defined the state which is the nurse’s primary state of residence. The Nurse Licensure Compact 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 principle residence for legal purposes.

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.

Please 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.

The Compact primary residence rule does not apply to military nurses or nurses in the federal government, unless they are working outside of their military or government position.

I declare my primary state of residence is: \_\_\_\_\_

I intend to primarily practice in the state of: \_\_\_\_\_

I currently practice in the following states: \_\_\_\_\_

I am in the military or federal government and I am currently licensed in (state). I do not intend to work outside of the military or federal government: \_\_\_\_\_

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

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

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

If you need more information, please visit our website: [www.llr.sc.gov/nurse](http://www.llr.sc.gov/nurse).