

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

LIMITED EMERGENCY LICENSE FORM (LEL)

This application is completed by the employer, the American Red Cross, or other Official Disaster Relief Organization. Entities are required to verify all information on the licensee prior to emailing the completed application to the SC Board of Nursing for processing. Email the complete application to: <u>NURSEBOARD@llr.sc.gov</u>. An email will be sent to the Contact Person listed below verifying that the Limited Emergency License has been granted. The license will be valid for a period of 15 days from the date of approval and may be extended for an additional 15 days upon request.

Date:				
PRINT Applicant Name:				
*Social Security #	Birthdate:	Gender:	Female	Male
Check one below:				
ADVANCE PRACTICE NU	JRSE (APN) **			
LICENSED PRACTICAL N	NURSE (LPN)			
REGISTERED NURSE (RM	V)			
Current State of Licensure:	License No	Expiration Date		
Employer/Entity Name:				
Address:				
City:	State:	ZIP:	:	
Contact Person:		Email:		
I HEREBY affirm that this license	is currently active and in good s	standing.		
Employer Representative (Print Nam	e):			
Entities are to maintain a record of th	e nurses and verified license num	ber(s) for a period of one year an	d provide in	ıformat

to the Board if requested.

* The disclosure of the social security number for identification purposes is authorized and mandated by state and federal statutes. The social security number is not subject to disclosure as public information.

**APNs must have a written practice agreement in place with a South Carolina licensed collaborating physician, who is physically present within the geographic boundaries of the state, prior to practicing under an APN license in South Carolina. See S.C. Code §40-33-20(45), 40-33-34, and 40-47-195.