



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Nursing

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Hearing Panel Member Application Form

Hearing Panel Members are appointed by the South Carolina Board of Nursing to assist the Board by serving as triers of fact for full evidentiary disciplinary hearings. These hearings help to resolve complaints that allege a licensed nurse has violated the Nurse Practice Act. If selected, you would be one of a three-person panel charged with hearing these contested cases and making disciplinary recommendations to the Board. The Board's Advice Counsel is present to provide legal advice and guidance.

Hearing Panel Members may also be asked to serve as a solo Hearing Officer in instances when a licensee requests a hearing to challenge the validity of a previously issued Order of Temporary Suspension or Order Requiring Evaluation.

Time commitment:

The Board has approximately one panel scheduled per month. Each panel day needs three panel members and the panel member should block the entire day for hearings. Hearing panel members are requested to sign up for at least two panel dates per year.

Minimum qualifications:

- Applicant must possess the minimum of a Bachelor of Science in Nursing (BSN) degree, although a Master of Science in Nursing (MSN) or Doctor of Nursing Practice (DNP) is preferred.
- Applicant must have a minimum of five years current clinical experience as an RN or APRN.
- Applicant must hold an active, unencumbered South Carolina nursing license with no prior or pending discipline. The Board may deny membership based on disciplinary history.

Additional documentation required (must be attached for consideration):

- A current curriculum vitae or resume
- Two letters of support or reference from a supervisor or peer working in nursing

Application packages not containing all required application materials will not be submitted to the Board for consideration.

Applicant Information:

1. _____		_____	
Full Name of Applicant (As Shown on SC Nursing License)		SC Nursing License #	
_____		_____	
Mailing Address	City	State	Zip Code
_____		_____	
Work Phone	Home Phone	Alternate Phone	Email Address
_____	_____	_____	_____

2. What is your current area of nursing practice? _____

Who is your employer(s)? _____

Employer Address(es) _____

3. Please list your nursing degree(s), nursing certification(s), and area of specialty.

Nursing Degree(s) _____

Nursing Certification(s) _____

Area(s) of Nursing Specialty _____

4. Are you currently serving on a South Carolina Board of Nursing Committee? Yes/No

5. Please provide a brief statement as to your interest in serving as a Hearing Panel Member. You may attach an additional sheet if necessary.

6. If a position is not open at this time, would you like us to contact you about open positions on other Board of Nursing committees? Yes/No

I hereby attest that I hold a current an unencumbered South Carolina nursing license and have no prior disciplinary history. If appointed by the Board of Nursing, I agree to serve as a Hearing Panel Member and to participate in a minimum of two hearing dates annually at the Board's office in Columbia as scheduled/requested.

Signature of Applicant

Date

South Carolina Nurse License Number

Send completed application packets (application form, CV/Resume, two letters of support) to NursingNominations@llr.sc.gov.