



REQUIREMENTS AND INSTRUCTIONS FOR APPLYING FOR NURSE LICENSURE BY NCLEX EXAM

EDUCATION

In-State Graduates:

The Certificate of Endorsement Form must be sent directly to the South Carolina Board of Nursing (“SCBON” or “Board”) from the dean or director of the nursing program. Certificates will not be accepted from the applicant.

Out-of-State Graduates:

Have official transcripts sent directly to the SCBON from the school of nursing where you graduated. The transcript must include:

- All nursing courses applied to meet degree requirements;
- date and type of degree awarded;
- date of graduation;
- registrar's signature; and
- school seal.

The transcript must document each nursing course accepted for transfer credit to meet the requirements for the nursing degree. If it does not, you must request an official transcript from each school where the nursing course credit was earned. If your school uses electronic transcripts, they may be emailed to nurseboard@llr.sc.gov or mailed to PO Box 12367, Columbia, SC 29211.

Repeat exam candidates from out of state who are applying for licensure as an RN/LPN in South Carolina for the first time should submit this initial application.

NCLEX INFORMATION

Please visit the Pearson Vue website for complete details to register for the NCLEX at www.pearsonvue.com/nclex. The exam fee must be paid to Pearson Vue before this office can make you eligible to test.

VERIFICATION OF LEGAL NAME

A license must be issued in the nurse's legal name as verified by a birth certificate or other legal document acceptable to the Board. Examples of acceptable documents include a valid passport, vital statistics birth certificate (not hospital birth certificate), marriage certificate, divorce decree or court order approving legal name change.

CRIMINAL BACKGROUND CHECK (CBC) PROCESS

An applicant for a license to practice nursing in South Carolina shall be subject to a criminal history background check as specified in section 40-33-25 of the Nursel Practice Act. The Board will send you instructions on how to have your fingerprints processed once your application is received. **DO NOT** have your fingerprints or CBC report processed until you have submitted an application and received instructions from the Board.

- If you are applying with an alien registration number, you will not be able to have your fingerprints processed until you obtain a social security number.

GRADUATE NURSE TEMPORARY LICENSE (GN-RN or GN-LPN)

To obtain the temporary license, choose the electronic application labeled:

RN Application by Exam with Temporary License or LPN Application by Exam with Temporary License

An unlicensed graduate who has completed an accredited basic nursing education program, may be temporarily authorized to practice nursing under supervision pending their ability to complete NCLEX testing for a period of ninety (90) days. The graduate nurse must function under the supervision of a currently licensed registered nurse.

To obtain licensure as a graduate nurse, a candidate must:

- file a completed initial application for licensure by examination with the board and pay the associated fee;
- have never taken and failed the NCLEX;
- have registered to take the NCLEX with the examination administration service;
- have no prior felony convictions and have no criminal charges pending; and
- comply with Section 40-33-32 if the candidate is a foreign-educated graduate.

Authorization to practice as a graduate nurse can be revoked if any of the following occurs:

- An applicant has failed the licensing exam.
- When the board issues a permanent license to the graduate nurse, the temporary license type is canceled and the permanent license is activated with the same license number.
- The board denies a permanent license for the graduate nurse.
- A complaint is filed against the graduate nurse alleging a violation of Chapter 33, Title 40 during the graduate nurse's temporary licensure period.
- The graduate nurse misrepresents being a registered nurse or a licensed practical nurse; or
- The graduate nurse is charged with a felony or misdemeanor other than a minor traffic violation, while authorized to practice as a graduate nurse. For the purposes of this subitem, a minor traffic violation does not include instances related in any way to driving under the influence of alcohol or other drugs, or instances that result in the revocation or suspension of a graduate nurse's driver's license.
- The graduate nurse has not taken the NCLEX within ninety (90) days of receiving a temporary license.
- The Board may extend this time period if circumstances prevent the NCLEX from being offered during the period for which the temporary license has been granted. The licensee must provide a written explanation and obtain approval for a 30 day extension.

FOREIGN-EDUCATED APPLICANT INFORMATION

For detailed information on foreign educated applications, visit: <https://lir.sc.gov/nurse/feducation.aspx>. This process should be completed before making application with the SCBON due to time constraints and should be sent directly to the SCBON.

- You will need to submit a copy of your nursing license from country of original licensure.
- You will need to request a Credential Evaluation Report to be sent directly to the SC Board of Nursing. Visit Credential Evaluation Services for more detailed information on service providers.

ENGLISH PROFICIENCY

Foreign applicants whose native language is not English are required to take and pass an English proficiency examination. Visit [English Proficiency](#) page for detailed information on service providers and a list of acceptable exemptions.

RESIDENT ALIEN REGISTRATION

A foreign applicant may apply with a resident alien registration number, but a social security number is required before a Criminal Background Check can be processed and before a license will be issued.

COMPACT STATE INFORMATION

South Carolina is a member of the Nurse Licensure Compact (“NLC” or “Compact”). Please visit the National Council of State Boards of Nursing (NCSBN) website (www.ncsbn.org) for more information on the Compact.

To qualify for a multi-state license, a Declaration of Primary State of Residence Form with proof of South Carolina residency must be provided to the SCBON. If your primary state of residence is another Compact State, you are not eligible for a South Carolina RN or LPN license with multi-state privileges. You will be issued a single state license. Your status will change to multi-state when a Declaration of Primary State of Residence Form is received with proof of SC residency.

"Primary state of residence" as defined by the Compact means the "person's declared fixed permanent and principal home for legal purposes; domicile." Proof of primary residence may include but is not limited to:

- Driver's license with a home address;
- Voter registration card displaying a home address;
- Federal income tax return declaring the primary state of residence.
- Military Form # 2058- state of legal residence certificate; or
- W2 from US Government or any bureau, division or agency thereof indicating the declared state of residence.

Documentation required to be uploaded with application:

- A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds. Application fees are non-refundable.

Fee Amounts

RN \$90 LPN \$70 LPN by equivalency \$70

GN-RN w/ 90 day temp license \$100 GN-LPN w/ 90 day temp license \$80

- Copy of your valid driver's license, state issued ID, passport or military ID
- Copy of Social Security card or Resident Alien Registration. A Social Security card is needed before the final license is issued.
- Notarized [Verification of Lawful Presence](#)
- [2" x 2" Passport-type photo Affidavit Form](#) (must be less than 6 months old.)
- **Verification of legal name:** (vital statistics birth certificate (not hospital birth certificate), valid passport, marriage certificate, divorce decree, or court order approving a legal name change)
- English proficiency report, if applicable.
- [Declaration of Primary State of Residence](#), if applicable

Have submitted directly to the Board office address above from the issuing agent:

- **In-state graduate:** Certificate of Endorsement Form or Official Transcripts if degree has conferred.
- **Out-of-state graduate:** Official Transcripts
- Foreign educated applicant: Credential Evaluation Service Professional Report

APPLICATION STATUS

Applications for licensure are valid for one year from the date of filing with the board. An applicant who fails to attain licensure during this period shall submit a new application, application fee, CBC, and required documentation.

Applications are processed (reviewed) in the order they are received. Once your application is processed, you will be emailed a status update to the email address you have provided at the time of application.

Please check your application status here before calling the Board
<https://eservice.llr.sc.gov/SSO/ApplicationStatus/Index>.



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

PASSPORT-TYPE PHOTO AFFIDAVIT FORM

I certify I am the person shown in the photograph below and it has been taken within the last 6 months.

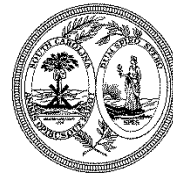
Applicant Signature

Print Applicant Name

Tape Passport Type
Photo Here
2 x 2



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or
2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)



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

Please complete this form and include a copy of an approved proof of residence (listed below) by submitting with your application. You may also log your e-service account (<https://eservice.llr.sc.gov/DocumentSubmission>) if you need to update your existing license to add SC as your primary state of residence.

Visit the National Council of State Boards of Nursing website (www.ncsbn.org) for a list of states that have implemented the Compact.

“Home state” is defined as the state which is the nurse’s primary state of residence. The Nurse Licensure Compact (NLC) 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 principal residence for legal purposes. See [SC Code 40-33-1320](#) for more information related to “home state.”

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.

Name (as shown on license): _____ SC License No.: _____
(If license has been issued.)

Address: _____ City: _____ State: _____ Zip: _____

Is this a change of address? Yes No Last 5-Digits of Social Security No.: _____

DECLARATION

I hereby declare my primary state of residence is _____.

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

Signature: _____ Date: _____

Note: If you are currently licensed as a South Carolina nurse, you may need to complete a new fingerprint criminal background check. You will be notified by email if you are subject to this requirement and notification will include instructions on how to have your fingerprints processed.