



INSTRUCTIONS AND REQUIREMENTS FOR RN OR LPN LICENSURE BY ENDORSEMENT

Compact State Information

South Carolina is a member of the Nurse Licensure Compact (NLC). The NLC allows a registered nurse or licensed practical nurse licensed in a Compact state to practice across state lines in another Compact state without having to obtain a license in the other state unless the nurse moves and declares the new compact state as his/her new primary state of residence. It is important to remember that the NLC requires nurses to adhere to the nursing practice laws and rules of the state in which he/she practices under his/her Compact license. If a nurse moves from one state to another and establishes residency, the nurse must apply for licensure in that state. In the case of electronic nursing practice (telenursing), the nurse must adhere to the practice standards of the state in which the client receives care. Please visit the National Council of State Boards of Nursing (NCSBN) Web site (www.ncsbn.org) for a list of states that have implemented the Compact.

“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 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.

If your declared primary state of residence is another Compact State, you are not eligible for RN or LPN licensure in South Carolina.

- If a party state issues a temporary permit or temporary license to an endorsee, that permit or license shall confer the same rights and privileges of nursing practice as does the permanent license among party states.
- NURSUS will not track temporary licenses and the employer must verify licensure directly from the state issuing the temporary permit/ license.

Information for Applicants

A current South Carolina license, temporary license or compact multistate license is required to practice nursing in this state. Orientation is considered the practice of nursing in South Carolina. Therefore, all nurses must possess a current South Carolina license and/or temporary license or compact multistate license before beginning orientation (including classroom instruction and reading policies and procedures). It is a violation of the Nurse Practice Act to begin orientation without the proper license and can result in action by the Board. A temporary license authorizes practice in this state with privilege of title or abbreviation after name and is valid for sixty days.

If you were previously licensed by the SC Board of Nursing as an LPN or RN, do not complete this application form. Visit the Board of Nursing Website at www.llr.state.sc.us/pol/nursing for a Reactivation/Reinstatement application to reinstate your LPN or RN license.

An applicant for licensure by endorsement whose license in another state is currently restricted to prohibit the practice of nursing by any disciplinary action (i.e. suspension, revocation, or other action) shall not be considered for South Carolina license until the license from the other state of discipline is reinstated to permit the practice of nursing.

6. **Name Used on License:** All licenses are issued in the applicant's legal name. Your legal name is your first name, middle name or maiden name, if married, and last name. The name as it appears on your birth certificate will be printed on your license, unless it has been changed legally by marriage, divorce or other legal action. If your name changes (marriage, divorce or other court order) after the application has been filed, a copy of the legal document changing your name must be submitted to this office so that the correct name appears online. Your first name cannot be dropped and your middle name used on the license unless you have legally made this change and have provided documentation (court documents).
7. **License Renewal:** South Carolina Nursing Licenses are renewed every even year. All licenses must be renewed by April 30th every even year. It is the responsibility of the licensee to renew their license. Do not wait until renewal time to notify the Board of a change in your address. Documentation of continued competency is required to renew your license. See Section 40-33-40 of the Nurse Practice Act to review the competency requirements.

Remember

- Applications completed in pencil will be returned.
- Complete the Affidavit of Eligibility.
- Cashier's check, money order or personal check made payable to LLR-Board of Nursing. Credit cards or debit cards are not accepted.
- Documents (proof of identity and age, social security cards, marriage licenses and other legal documents) are a part of your permanent file and are not returned.
- Criminal Background Check (CBC): Board will forward instructions once application is received.
- Notify the Board immediately of a name or address change.
- Sign and date your photo on the front and tape along the top edge only onto the photo section of your application. Color or black and white photos are accepted.
- Copy of nursing license in another state or territory or dependency of the United States.
- Provide documentation of the continued competency. (Please refer to attached competency requirement).
- Request verification of your original licensure to practice. (Submit Verification Form to your original state board of licensure or process your verification online at <https://www.nursys.com>).
- Applications are maintained for one year; all fees are non-refundable.
- Any questions regarding endorsement should be directed to the SC Board of Nursing at (803) 896-4550.
- **Check the status of your application online at www.llr.state.sc.us/pol/nursing.**
- Once all requirements have been received, a license number may be generated within 10 business days. During peak times, the application review/approval process may take longer. If you were previously licensed by the SC Board of Nursing as an RN or LPN, **DO NOT** complete this application. Visit the Board of Nursing website for a Reactivation/Reinstatement Application.

Criminal Background Check (CBC):

An applicant for a license to practice nursing in South Carolina shall be subject to a criminal history background check as defined in 40-33-25 of the Nursing Practice Act. The Board will send you instructions on how to have your fingerprints processed once your application is received.

SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION

For Office Use Only

License No: _____

Beg: _____

Exp: _____

Board of Nursing

110 Centerview Drive
Post Office Box 12367
Columbia, SC 29211
(803) 896-4550

For Office Use Only

Date: _____

Check No. _____

Amount: _____

APPLICATION FOR RN OR LPN LICENSURE BY ENDORSEMENT

South Carolina is a member of the Nurse Licensure Compact. You are not eligible for licensure in South Carolina if your primary state of residence is another Compact State. Please visit www.ncsbn.org for more information or for a current list of Compact States. Personal information provided in this application may be subject to public scrutiny or release under the SC Freedom of Information Act or other provisions of federal and state law. Please print and complete the application in ink and return to the Board of Nursing with the **correct fee of \$100.00 for Endorsement License only and \$110.00 for Endorsement License with temporary license.** Answer all questions. The application is valid for one year. An applicant who has not obtained licensure within one year must complete a new license application. **Application fees are subject to change and are non-refundable.** The South Carolina Code of Laws requires that every individual who applies for an occupational or professional license provide a social security or alien identification number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law. Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

Applying for: **Registered Nurse License** **Licensed Practical Nurse License** (Please check one)

Do you wish to apply for a sixty day temporary license (§40-33-36(D)(1)(a) to practice nursing in South Carolina while your application is being processed? Yes No If yes, date you wish your license to start _____

Name and Address of SC Employer: _____

If not currently employed, please write "**Seeking Employment**" in the space above. If you are enrolled in a board approved refresher program, please write "**GTC Refresher or SDSU Refresher**" in the space above. Be advised that you cannot work as a nurse in South Carolina after the license has expired. Please call the Board's office if you have not received a full license within 2 weeks of the expiration date of your temporary license.

Social Security Number: _____ - _____ - _____

Full Legal Name: _____
First Middle Maiden (if married) Last

Mailing Address: _____
Street/PO Box City State Zip

Home Address: _____
Street (physical address required) City State Zip

County: _____ Email Address: _____

Telephone #: _____ Date of Birth: _____ Place of Birth: _____

Race: (for statistical purposes only) American Indian African American Caucasian Hispanic Oriental/Asian Other

Marital Status: Single Married Widowed Divorced Gender: Female Male

Declaration of Primary State of Residence: (where I hold a driver's license, pay taxes or vote)

I declare my primary state of residence is _____ I plan to primarily practice in the state of _____

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

***If you answer "yes" to any of the questions below, 1-10, you must attach a full written explanation pertaining to that particular question.**

1. Have you ever had any application for any professional license, certification, or registration refused or denied by any licensing authority? Yes No

2. Have you ever been refused or denied the privilege of taking an examination required for any professional license? Yes No
By any person, hospital, or nursing board in any jurisdiction?
3. Have you ever been the subject of disciplinary action with regard to a license, been revoked or sanctioned by any licensing authority, association, licensed facility, or staff of such facility? Yes No
4. Have your privileges ever been restricted or terminated by any association, licensed facility, or staff of such facility; Or have you ever voluntarily or involuntarily resigned or withdrawn from such association or facility to avoid imposition of such measures? Yes No
5. To your knowledge have any unresolved or pending complaints ever been filed against you with any federal or state agency, professional association, licensed hospital or clinic, or staff of such hospital or clinic? Yes No
6. Have you ever been arrested, charged or convicted (including a nolo contendere plea or guilty plea) in any state or federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? Yes No
If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer sent directly to the Board from the above-mentioned authorities.
7. Currently are you being treated or within the last five years, have you been treated for drug or alcohol addiction that might interfere with your ability to competently and safely perform the essential functions of practice? Yes No
8. Currently or within the last five years, have you been treated for any physical, mental or emotional condition that might interfere with your ability to competently and safely perform the essential functions of practice? Yes No
9. Currently or within the last five years, have you developed any disease or conditions, physical, mental, or emotional that might interfere with your ability to competently and safely perform the essential functions of practice? Yes No
10. Have you ever voluntarily surrendered a nursing license? Yes No
11. Have you ever applied for licensure in South Carolina? Yes No
If yes, date ____/____/____ (MM/DD/YYYY)
12. Have you ever been licensed in South Carolina? Yes No
If yes, SC License # _____
13. Have you ever been known by any other name or surname? Yes No
If yes, list names _____
14. Nursing education program from which you graduated: _____
School (Name/City/State) _____ Date of graduation _____
15. Type of Basic Nursing Program: Diploma _____ Associate Degree _____ Baccalaureate Degree _____
16. Current Educational Degree _____ List state in which licensed by examination _____
17. Date examination first taken _____ Date exam passed _____ Number of times exam taken _____
18. Type of exam taken: State Board Test Pool _____ NCLEX _____ Board Constructed _____
19. List all states where you are licensed or ever been licensed to practice: _____

AFFIDAVIT

I, _____ (print name), am the person described and identified, of good moral character, and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice nursing in South Carolina.

Signature of Applicant (Do not print) _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Signature of Notary Public
My Commission Expires: _____

Endorsement Application - Page 6 of 13

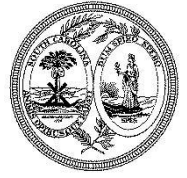
Attach recent passport
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No copies
Sign and date photo
on the front
Do not staple

DID YOU REMEMBER TO:

- Complete and answer all questions. Sign, date and have your application notarized.
- Complete the Affidavit of Eligibility.
- Criminal Background Check (CBC): Board will forward instructions once application is received.
- Enclose a clear and readable copy of your proof of identity and age (birth certificate or valid passport).
- Enclose a copy of your Social Security Card or permanent resident card.
- Enclose a copy of your nursing license in another state or territory or dependency of the United States.
- Sign and date your photo and tape photo in box along top edge only onto your application. Black & white photo are acceptable.
- Enclose fee of \$110.00 (60-days temporary and full license) or \$100.00 (full license only). Money order, cashier's check or personal check made payable to LLR-Board of Nursing. No credit cards or debit cards accepted.
- Enclose documentation of continued competency dated within the preceding two years of the date of your application.
- Verification of original state licensing- Mail the verification form to your original state of licensure or register with NURSISYS if your original state of licensure reports licensure information to NURSISYS.
- Provide proof of residency (copy of driver's license or voter registration card).
- Check the status of your application online at www.llr.state.sc.us/pol/nursing. Once all requirements have been received, a license number may be generated within 14 business days. During peak times, the application review/approval process may take longer.



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 _____

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-688)

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)

Competency Requirement

Reference: Nurse Practice Act Chapter 33 Section 40-33-40 at <http://www.sestatehouse.gov/code/t40c033.php>

(B) Demonstration of competency for:

Renewal of an active license biennially requires documented evidence of at least ONE of the following requirements during the licensure period:

1. completion of thirty contact hours from a continuing education provider recognized by the board; **OR**
2. maintenance of certification or re-certification by a national certifying body recognized by the board; **OR**
3. completion of an academic program of study in nursing or a related field recognized by the board; **OR**
4. verification of competency and the number of hours practiced as evidenced by employer certification on a form approved by the Board.

Reinstatement from lapsed or inactive status of five years or less requires documented evidence of at least one of the following within the preceding two years:

1. completion of thirty contact hours from a continuing education provider recognized by the board and successful completion of a course in legal aspects approved by the board; **OR**
2. maintenance of certification or re-certification by a national certifying body recognized by the board; **OR**
3. completion of an academic program of study in nursing or a related field recognized by the board; **OR**
4. verification of competency and the number of hours practiced in another jurisdiction where authorized to practice, as evidenced by employer certification on a form approved by the board; **OR**
5. successful completion of a refresher course approved by the board.

Reinstatement from lapsed or inactive status of more than five years requires documented evidence of at least one of the following within the preceding two years:

1. successful completion of a refresher course approved by the board, **OR**;
2. successful completion of the NCLEX appropriate to the area of licensure.

(C) Demonstration of competency for reinstatement from lapsed or inactive status or licensure of a person who holds a current authorization to practice in another state or jurisdiction in this country or territory or dependency of the United States requires documented evidence of at least one of the requirements in subsection (B) during the preceding two years.

Competency Requirement Criteria



EMPLOYER CERTIFICATION

Verification of Competency and Nursing Practice Hours Worked

'Competence' means the ability of a licensed nurse to perform safely, skillfully, and proficiently the functions within the role of the licensee. The role encompasses the possession and interrelation of essential knowledge, judgment, attitudes, values, skills, and abilities, which are varied and range in complexity. Competence is a dynamic concept, changing as the licensed nurse achieves a higher stage of development, responsibility, and accountability within the role. [Nurse Practice Act §40-33-20 (22)]-

I hereby authorize the release of this information to the South Carolina Board of Nursing. Please note, the below information must have been within the preceding two years.

Licensee/Employee Signature Date

Nurse Licensee Name & Title (please print) has worked _____ hours
Nursing Practice Hours

during the period of _____ through _____ and has performed his/her duties competently.

Employer / Representative Signature

Date

Employer Contact Information

Printed Employer / Representative Name

Title

Name of Company

Direct Telephone Number

E-Mail Address

- Initial Licensure
- Reinstatement/Reactivation
- Renewal

Select the option that fits your intended use for this form.

Nursys Verification

1. If your original state of licensure is not one of the states listed below, **DO NOT** attempt to verify your license at <https://www.nursys.com>. Instead, follow the verification instructions on the South Carolina Board of Nursing verification form.

Alaska
American Samoa
Arizona
Arkansas
Colorado
Connecticut
Delaware
District of Columbia
Florida
Georgia
Guam
Idaho
Illinois
Indiana
Iowa
Kentucky

Louisiana-RN
Massachusetts
Maine
Maryland
Michigan
Minnesota
Missouri
Northern Mariana Islands
Mississippi
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York

North Carolina
North Dakota
Ohio
Oregon
Rhode Island
South Dakota
Tennessee
Texas
Utah
Vermont
Virgin Islands
Virginia
Washington
West Virginia-PN
Wisconsin
Wyoming

NURSIS Secure Online Verification Process: <https://www.nursys.com>

South Carolina Board of Nursing Verification Form

Use this form **ONLY** if your original state of licensure is **NOT** listed on the preceding page (Nursys form).
Most states charge a fee to complete this form. Check with your original state board of nursing before mailing.

PART I: To be completed by the applicant and forwarded to the original state of licensure.

Name _____
First Middle Maiden Last

Previous Names(s) _____

Current Street Address _____ City _____ State _____ Zip _____

Date of Birth _____ (mm/dd/yyyy) Social Security # _____

Nursing Education Program _____ Degree Granted _____

Name as on original license _____
First Middle Maiden Last

City of Program _____ State _____ Date of Completion _____

Original State of Licensure _____ Issue Date of Original License _____ Original License Number _____

Type of License RN LP/VN Current State of Licensure _____ Issue Date of Current License _____

Current License Number _____ Type of License RN _____ LP/VN _____

LIST ALL OTHER STATES OF LICENSURE

State: _____ License Number: _____ Date Issued: _____

State: _____ License Number: _____ Date Issued: _____

State: _____ License Number: _____ Date Issued: _____

I hereby authorize all identified Boards of Nursing to release my licensure data to the South Carolina Board of Nursing.

Signature _____ Date _____

PART II: To be completed by the original state of licensure and forwarded to:

South Carolina Board of Nursing, P. O. Box 12367, Columbia, SC 29211

This is to certify that _____ was issued license number _____ Date Issued _____
(Applicant Name)

to practice registered nursing _____ practical nursing _____

Licensed by: Examination _____ Endorsement _____ Waiver/Equivalency _____

Current Licensure Status: Active _____ Inactive _____ Lapsed _____ Expiration Date: _____

Has this license ever been encumbered (denied, revoked, suspended, limited, placed on probation)? Yes No

Disciplinary Action Pending? Yes No Explain yes responses and/or attach a certified copy of the action.

Nursing Education Program Completed _____ Approved by State? Yes No

Location (city/state) _____ Graduation Date _____

Type of Nursing Program DIP _____ ADN _____ BSN _____ LPN _____ Other _____

STATE BOARD TEST POOL EXAMINATION _____ RN _____ LP/VN _____ NCLEX _____ RN _____ LP/VN _____

Scores
Medical Nursing _____ Psychiatric Nursing _____ Obstetric Nursing _____ Surgical Nursing _____ Nursing of Children _____

Series/Form _____ Number of times applicant took exam _____ Exam Dates: _____

Signature _____ Title _____ State _____ Date _____

OFFICIAL SEAL