South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Nursing
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Phone: 803-896-4550 • NURSEBOARD@llr.sc.gov • Fax: 803-896-4515
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REQUIREMENTS AND INSTRUCTIONS FOR RN OR LPN LICENSURE BY ENDORSEMENT

This application is for an RN or LPN who is actively or previously licensed in another state and is moving to South Carolina as a permanent resident or is licensed in a non-compact state and seeks to practice in South Carolina.

REQUIREMENTS

Below is an overview for licensure by endorsement. For more information, you may visit the South Carolina Board of Nursing (SCBON) website.

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 Nurse 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.

COMPACT STATE INFORMATION

SCBON is a member of the Nurse Licensure Compact (NLC). If you are currently licensed in a participating compact state and you move to South Carolina and declare South Carolina as your permanent residence, you must apply for licensure by endorsement within sixty (60) days with the SCBON. If you apply for licensure in advance of moving, you will be issued a single-state license until you can provide the ***Declaration of Primary State of Residence Form*** with a copy of your proof of residence. For more information, please visit the National Council of State Boards of Nursing (NCSBN) at https://www.ncsbn.org/.

"Primary state of residence" as defined by the NLC means the "*person's declared fixed permanent and principal home for legal purposes; domicile*."

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.

OUT-OF-STATE LICENSE VERIFICATION

A license verification is required from your original state of licensure by exam. Visit https://www.nursys.com/ to request an electronic verification of licensure be sent to the SCBON. If the state that you are currently licensed with is not a participating state of NURSYS, you will need to contact that state board directly and have a license verification sent directly to the SCBON.

FEDERAL GOVERNMENT/MILITARY EMPLOYMENT

If you are in the military or do work for the Federal government and are currently licensed in another state, you are only required to apply for licensure if you intend to work outside of the military or Federal Government.

If you choose to apply you will be issued a single-state license.

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.

TEMPORARY LICENSE

You may apply for a sixty (60) day temporary license to practice nursing in SC while your application is being processed. You will need to provide proof of an active license to practice in another state or jurisdiction of the United States. All required documentation except for the Criminal Background Check and the license verification must be received in order for a single-state temporary license to be issued. The license is only valid for sixty days and you cannot work once it has expired. Orientation is considered the practice of nursing and you must be licensed to attend.

A temporary license is not available for applicants who answer yes to the personal history questions related to previous discipline, surrender/relinquishment of a professional license in lieu of discipline, safety to practice, and/or arrest/convictions. Or if you are an applicant educated outside of the United States and have not passed the NCLEX exam.

CONTINUED COMPETENCY

You must provide documentation of continued competency by meeting one of the following requirements within the past two (2) years. Approved providers and forms may be found on the SCBON website: https://llr.sc.gov/nurse/ce.aspx.

- Completion of thirty contact hours from a continuing education provider recognized by the Board (Continuing Education Certificates are required).
- Maintenance of certification or re-certification by a national certifying body recognized by the Board; or
- Completion of an academic program of study in nursing or a related field recognized by the Board; or
- Verification of competency as evidenced by employer certification on a form approved by the Board **(Employer Certification Form, attached)**.

FOREIGN-EDUCATED APPLICANT INFORMATION

For detailed information on foreign educated applications, visit: https://llr.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 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.

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 and instructions on how to have your CBC processed. The email will be sent to the email address you have provided at the time of application.

Include with your application:

- Check or money order made payable to the SC Board of Nursing (SCBON). **Application fees are non-refundable.** A returned check fee of up to $30, or an amount specified by law, may be assessed on all returned funds.
- 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 will be needed before the final license is issued.
- 2" x 2" passport-type photo (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)
- Declaration of Primary State of Residence Form with proof of residence (if available at the time of application).
- Verification of Lawful Presence
- Proof of Continued Competency
    - Employer Certification Form, if applicable
- Copy of active license to practice in another state, jurisdiction or territory of the United States (For temporary license applicants).
- English Proficiency Report, if applicable.

Have submitted directly to the SCBON by the issuing institution/agency:

- Verification of licensure via Nursys (https://www.nursys.com/) **or** have a license verification issued to the SCBON by the State Board if they are not a participant of Nursys.
- **Foreign Educated Applicants,** please see additional information regarding requirements for licensure at: https://llr.sc.gov/nurse/feducation.aspx.

Criminal Background Check: Instructions will be sent via email to you **AFTER** your application has been received. Do not have your CBC processed beforehand; it may be purged if your application is not on file and you will need to pay to have a new one sent.

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RN OR LPN LICENSURE BY ENDORSEMENT APPLICATION

This application is for an RN or LPN who is actively licensed in another state and is moving to South Carolina as a permanent resident or is licensed in a non-compact state and seeks to practice in South Carolina.

Select the type of license you are applying for (fees are non-refundable):

☐ **RN: $100** ☐ **RN with Temporary License: $110**
(Review information on temporary licenses contained on the Requirements/Instructions page)

☐ **LPN: $100** ☐ **LPN with Temporary License: $110**
(Review information on temporary licenses contained on the Requirements/Instructions page)

What type of license are you applying for: ☐ **Single State** ☐ **Multi-State**

If you are applying for a multi-state license and do not have proof of residency, you will be issued a single state license until the Declaration of Primary State of Residence Form and a copy of your proof of residence are received.

APPLICANT INFORMATION

Last Name:_____ First:_____ Middle: _____ Suffix: _____

Have you ever legally changed your name? ☐ Yes ☐ No Maiden/Prior Name:_____
If yes, please submit legal documentation supporting the change.

Home Address: _____City:_____State:_____Zip:_____ District:_____
Congressional District (SC residents only)
SC residents to find your congressional district you may go to: http://www.scstatehouse.gov/legislatorssearch.php

Mailing Address: _____City:_____State:____Zip:_____
(If different than above)

Phone: _____ Email Address: _____

Date of Birth: _____ Social Security No. or Alien Registration No.*: _____
*If an Alien Registration number is provided, a valid social security number will be required before a final license is issued.

Place of Birth (City, State or Country) (for statistical purposes only): _____

Race: _____ Gender: ☐ Female ☐ Male
(for statistical purposes only)

PRIMARY STATE OF RESIDENCY

1. What is your current primary state of residence? _____
   a) If it is not SC, do you anticipate taking permanent residence in SC? ☐ YES ☐ NO
      - If yes, when? _____
      - You will need to submit the Declaration of Primary State of Residence form along with proof of legal residency (driver's license) to be issued a multi-state license.

PROFESSIONAL EDUCATION INFORMATION
Have an official transcript sent directly to the SCBON from your nursing education program.

School: _____ Date of Graduation: _____

Location: _____ Degree Earned: _____

FOREIGN EDUCATED APPLICANTS ONLY

1. Are you a graduate from a nursing education program located outside of the United States?
   a. If yes, have you contacted a credential evaluation service provider for an education evaluation report to be sent to the SCBON? ☐YES ☐NO

   This process should be completed before making application with the SC Board of Nursing (SCBON) due to time constraints and should be sent directly to the SCBON.

ENGLISH PROFICIENCY
An applicant whose native language is not English shall submit evidence of passing an English proficiency exam administered by a board approved service. Visit https://llr.sc.gov/nurse/EnglishProficiency.aspx for a list of acceptable exemptions.

1. Is English your native language? ☐YES ☐NO
   a. Have you taken and passed an English proficiency examination? ☐YES ☐NO
   b. Do you qualify for an exemption to the English proficiency exam as described on the English proficiency page? ☐YES ☐NO

RECORD OF LICENSURE
A license verification is required from your original state of licensure by exam. Please refer to the Requirements and Instructions page for more details on how to obtain a license verification.

Original State: _____ License Type: _____ License Number: _____

Current State (If different): _____ License Type: _____ License Number: _____

PERSONAL HISTORY INFORMATION
If you answer yes to any of the questions below, you must attach a personal written statement for each incident. For convictions, please provide official court documentation to include disposition of the case.

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

3. Have you had any professional license revoked, suspended, reprimanded, restricted, disciplined, or placed on probation by a professional licensing board or other entity? ☐YES ☐NO

4. Has your employment ever been restricted or terminated by any licensed facility; or have you ever voluntarily or involuntarily resigned or withdrawn from such facility to avoid imposition of such measures? ☐YES ☐NO

5. To your knowledge, are you currently under investigation or the subject of pending disciplinary action by any federal or state agency, professional association, licensed hospital or clinic, or other entity? ☐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? Note: A DUI is not a minor traffic violation. ☐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. Do you have any physical or mental disease or condition, including an addiction to drugs or alcohol, that currently interferes with your ability to competently and safely perform the essential functions of practice? ☐YES ☐NO

   (If you are voluntarily enrolled in the Recovery Professionals Program (RPP) and have remained in full compliance, you may answer "No" with respect to any condition involving abuse of alcohol or drugs. If you have a physical or mental disease or condition that is appropriately being treated and does not currently impair your judgment or otherwise adversely affect your ability to practice, you may answer "No.")

8. Have you ever voluntarily surrendered or relinquished a professional license in lieu of discipline? ☐YES ☐NO

ATTESTATION

I, _____ , am the person described and identified and the person named in all documents presented in support of this application.

I have carefully read the questions within this 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 to the best of my knowledge and belief.

Should I furnish any false, incomplete, or misleading information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license in South Carolina.

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

_____ _____

Applicant Signature Date

_____

Print Applicant Name

Tape Passport Type Photo Here 2 x 2

PRIVACY DISCLOSURE

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security 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.

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: _____

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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)