



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 complete application to the SC Board of Nursing for processing. Email the complete application to: [NURSEBOARD@llr.sc.gov](mailto:NURSEBOARD@llr.sc.gov). 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: \_\_\_\_\_ Sex: Female Male

Check one below:

\_\_\_ ADVANCE PRACTICE NURSE (APN) \*\*

\_\_\_ LICENSED PRACTICAL NURSE (LPN)

\_\_\_ REGISTERED NURSE (RN)

Current State of Licensure: \_\_\_\_\_ License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Employer/Entity Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

**\*If Employer is an Agency, identify Name and Address of worksite Applicant will be report.**

Worksite/Entity Name: \_\_\_\_\_

Address: \_\_\_\_\_

**I HEREBY affirm that this license is currently active and in good standing.**

Employer Representative (Print Name): \_\_\_\_\_

Entities are to maintain a record of the nurses and verified license number(s) for a period of one year and provide information 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 collaborating physician, prior to practicing under an APN license in South Carolina. S.C. Code §§40-33-20(45), 40-33-34.