South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Nursing
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2024-2026 APRN RENEWAL APPLICATION

For online renewal go to https://eservice.llr.sc.gov/OnlineRenewals/

Please check one: ☐ APRN License ☐ APRN-Rx

Please read these instructions carefully:

- Renewal fee in the form of a check or money order (no cash) made payable to LLR-Board of Nursing. (All 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.)
- **Fee:** Postmarked 4/30/2024 or before: **$105** (APRN) or **$145** (APRN-Rx)
- Your current license, including prescriptive authority, expires at midnight 4/30/2024, and a 2024-2026 license will be required to continue practicing after this time.
- To ensure your licensure renewal application is processed prior to the expiration date, renew online at https://eservice.llr.sc.gov/OnlineRenewals/ or return your completed form along with proper fees immediately. Answer all questions. Careful completion of this application will avoid a delay in processing. **Incomplete applications will be returned to you.** Applications will be processed in the order received.

If you would like your name added to the SC Statewide Emergency Registry of Volunteers, please visit: https://scdhec.gov/BetterImpact

LICENSEE INFORMATION

Name: ______________________________ License No.: ______________

If you have a name change, please submit legal documents to NurseBoard@llr.sc.gov.

Home Address (primary state of residence): ______________________________
(Physical Location – No PO Box)

City: ______________________________ State: _______ Zip: ______________

Home Phone No.: ____________________ County: ______________________

Mailing Address (if different than Home Address): ______________________

City: ______________________________ State: _______ Zip: ______________

Primary Email Address: ____

CERTIFICATION

1. Do you have a National Certification? ☐ Yes ☐ No

   If Yes, is the certification correct as listed in Licensee Lookup? ☐ Yes ☐ No

   If your National Certification information is **not** correct, email a copy of your certificate to the Board at NurseRenewal@llr.sc.gov.

COLLABORATING PHYSICIAN INFORMATION

Per Section 40-33-34, if your collaborating/supervising physician(s) changed you MUST fill out and submit a New Employment/Change of Practice Form to the Board within 15 days of the change. Access the form using one of the links below:

New Employment/Change of Practice
APRN Change of Practice form: https://llr.sc.gov/nurse/pdf/APRNChangePrac.pdf
CRNA Change of Practice form: https://llr.sc.gov/nurse/pdf/CRNAChangePrac.pdf

You can also access the **LICENSEE LOOKUP** (https://verify.llronline.com/LicLookup/Nurse/Nurse.aspx?div=17) option on our website to check the collaborating/supervising physician(s) listed on your license.

1. Are you in an APRN role or position that requires a collaborating/supervising physician? ☐ Yes ☐ No

   If Yes, is the collaborating/supervising physician(s) correct as listed in Licensee Lookup? ☐ Yes ☐ No

   If Yes, is your collaborating/supervising physician licensed and physically practicing in South Carolina? ☐ Yes ☐ No

   The zip code of my primary collaborating physician's practice location is: _______________

SAFEGUARDING PATIENT RECORDS

Pursuant to Reg 91-33 (Safeguarding Patient Records), please provide the name, address and phone number of the individual that you have designated to assume responsibility of your patient records (if you work for a hospital practice, you may just put the name of the hospital):

____

____

PRESCRIPTIVE AUTHORITY (If applicable):

Twenty contact hours in pharmacotherapeutics applicable to one's specialty must be obtained between May 1, 2022 and April 30, 2024 and prior to renewing your prescriptive authority. Two of the 20 hours must be related to prescribing controlled substances (refer to statutory language in 40-33-34). APRNs must contact BOTH DHEC and DEA if you plan to prescribe controlled substances.

1. I am renewing Prescriptive Authority: ☐ Yes ☐ No **(Not applicable to CRNA's)**

   If Yes, have you obtained 20 contact hours in pharmacotherapeutics between May 1, 2022 and April 30, 2024 and prior to renewing your prescriptive authority? ☐ Yes ☐ No

2. Are you prescribing controlled substances? ☐ Yes ☐ No

   If Yes, of the 20 contact hours in pharmacotherapeutics that you obtained, were 2 hours in controlled substances? ☐ Yes ☐ No

CURRENT PRACTICE INFORMATION

Primary Physical Practice Location (from where you render services) and Employer/Company Name
(Complete statistical information on page 4 using **"PRI"** column)

Current Physical Practice Location Address: ______________________________________

City: ______________________________ State: _______ Zip: ____________________

Practice County: ____________________________ Current hours per week worked: ____________

Employer/Company Name: ______________________________ Phone No.: ______________

For statistical purposes only:

What percent of your time do you spend rendering Primary Care services at this practice location?

☐ N/A ☐ 1 - 10% ☐11 - 25% ☐ 26 - 50% ☐ 51 - 75% ☐ 76 - 90% ☐ 91 - 100%

What percent of your time do you spend rendering Patient Care via Tele-Health?

☐ N/A ☐ 1 - 10% ☐11 - 25% ☐ 26 - 50% ☐ 51 - 75% ☐ 76 - 90% ☐ 91 - 100%

Do you consider yourself to be employed as a travel/contract nurse? ☐ Yes ☐ No

Secondary Physical Practice Location (from where you render services) and Employer/Company Name
(Complete statistical information on page 4 using **"SEC"** column)

Physical Practice Location Address: ______________________________

City: ______________________ State: ________ Zip: ______________

Practice County: ______________________ Current hours per week worked: __________

Employer/Company Name: ______________________ Phone No.: ______________

For statistical purposes only: What percent of your time do you spend rendering Primary Care services at this practice location? ☐ N/A ☐ 1 - 10% ☐11 - 25% ☐ 26 - 50% ☐ 51 - 75% ☐ 76 - 90% ☐ 91 - 100%

DISCIPLINARY QUESTIONS

If you answer "Yes" to a question below, a detailed letter of explanation, along with the documentation indicated after each question, must be submitted. If this is your first renewal, answer the questions from the timeframe of since your initial application.

1. Since you last renewed your license, have you been arrested, charged or convicted (including a nolo contender 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.

2. Since you last renewed your license, has your license been suspended, revoked, or has there been any disciplinary action taken by the South Carolina Board of Nursing or another state nursing board, in any jurisdiction? ☐ Yes ☐ No

   If Yes, attach a detailed letter of explanation with your name, license number and daytime telephone number where you can be reached. Also, send a request to the board issuing the disciplinary action for a copy of the final Order to be sent directly to the SC Board of Nursing. The Order can also be emailed separately to NurseRenewal@LLR.sc.gov for review.

3. Since you last renewed your license, have you been made aware of any unresolved or pending complaints having been filed against you with any federal or state agency, nursing board, professional association, licensed hospital or clinic, or staff of such hospital or clinic? ☐ Yes ☐ No

   If Yes, attach a detailed letter of explanation and any relevant documents with your renewal. Include your name, license number and daytime telephone number where you can be reached.

4. Since you last renewed your license, have you received disciplinary action by any employer for your job performance involving patient care or safety? ☐ Yes ☐ No

   If Yes, attach a detailed explanation (include your name, license number and daytime telephone number where you can be reached) **and** send a request to the employer issuing the disciplinary action for a copy of the final order to be emailed **directly** to the SC Board of Nursing at nurseboard@llr.sc.gov.

5. Since you last renewed your license, have you experienced 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? (**If you are voluntarily enrolled in the Recovering 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."**) ☐ Yes ☐ No

   If Yes, attach a detailed letter of explanation. Include your name, license number and daytime telephone number where you can be reached.

LAWFUL PRESENCE

Since you last renewed your license, has there been any change in the status of your lawful presence in the United States (i.e., naturalization, received a renewed permanent resident card, etc.)? ☐ Yes ☐ No

If Yes, submit a completed and notarized Verification of Lawful Presence form along with your renewal. It can be found here: https://llr.sc.gov/arch/PDF files/Verification_of_Lawful_Presence.pdf

UNDERSERVED AREA AND POPULATION

A licensed NP, CNM, or CNS must spend a portion of his time practicing in an **underserved** or rural **area** or serving an **underserved population** as defined in Section 40-33-20. A licensed NP, CNM, or CNS performing medical acts must do so pursuant to a practice agreement with a physician who must be readily available for consultation.

Since May 2022, have you spent a portion of time practicing in an underserved or rural area or serving an underserved population as defined in section 40-33-20? ☐ Yes ☐ No

ATTESTATION

I hereby swear/affirm that the statements made on this application to be true to the best of my knowledge.

______________________	______________________	______________________
SC Nursing License No.	Signature of Applicant	Date

PRIVACY DISCLOSURE

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.

(Over)

FOR RESEARCH AND STATISTICAL PURPOSES

1. Indicate All Degrees Awarded

Degree Type	Nursing Degrees/Programs			Non-Nursing
	School Name/Program	State	Year	
LPN Program				
Diploma School Nursing				
Associates				☐
Baccalaureate				☐
Masters				☐
Post Masters				☐
Doctorate				☐
Other/Foreign				☐
APRN Certification Prog.				

2. Are you currently in a position that requires a Nursing degree? ☐ No ☐ Yes–Employed ☐ Yes–Volunteer
3. What is your current Employment status? (Select **one** heading and sub-heading)
   a. ☐ **Employed in nursing:** as defined in 40-33-10F: Includes direct patient care, teaching, counseling, administration, research, consultation, supervision, delegation, and practice evaluation.
      ☐ Full-Time ☐ Part-Time ☐ PRN/Per Diem
      ☐ Other: (Specify) ____________________
   b. ☐ **Employed in non-nursing occupation, seeking nurse employment**
   c. ☐ **Employed in non-nursing occupation, not seeking nurse employment**
   d. ☐ **Unemployed, seeking nursing employment**
   e. ☐ **Unemployed, not seeking employment:**
      ☐ Household/Family Responsibilities ☐ Student ☐ Retired ☐ Other: (Specify) ____________

NURSING PRACTICE IN SOUTH CAROLINA: Indicate **primary employment practice** data **in "PRI"** column, and **Secondary employment practice** data **in "SEC"** column.

4. Please identify the **TYPE(S) OF SETTING(S)** that most closely corresponds with your nursing **PRACTICE** position(s):

PRI	SEC	Description
☐	☐	110| Academic Setting (Nurse Practice)
☐	☐	120| Academic Setting (Other)
☐	☐	130| Alcohol/Drug Detox Center
☐	☐	140| Ambulatory Care Setting (Other not listed)
☐	☐	150| Ambulatory Surgery Center (Freestanding)
☐	☐	160| Assisted Living Facility/Residential Care
☐	☐	170| Community Health (Other not listed)
☐	☐	180| Correctional Facility
☐	☐	190| Dialysis/Infusion Center (Freestanding)
☐	☐	200| Federal Clinic (FOHC, VA, MIL, NIH, IHS)
☐	☐	205| Health Industry/Insurance – Support Services
☐	☐	210| Home Care (Incl. in-home hospice and infusion)
☐	☐	220| Hospice (Inpatient Only)
☐	☐	230| Hospital – Emergency Room/Department
☐	☐	240| Hospital – Inpatient (General/Acute)
☐	☐	250| Hospital – Inpatient (ICU, CCU, NICU, etc.)
☐	☐	260| Hospital – Outpatient
☐	☐	270| Hospital – Subacute/LTAC/Rehab

PRI	SEC	Description
☐	☐	275| Hospital-Surgical Services (IP and OP)
☐	☐	280| Hospital-Wide (e.g., Admin, Float, IT, etc.)
☐	☐	300| Mental Health Center
☐	☐	310| Multi-Setting (Temporary Placement/Telehealth)
☐	☐	320| NP Provider Clinic (Exclude Retail/In-Store)
☐	☐	330| Nursing Home/Extended Care
☐	☐	340| Occupational Health
☐	☐	350| Physician/Medical Office
☐	☐	360| Policy/Planning/Reg./Licensing/Advocacy
☐	☐	370| Public Health Dept. (Treatment Location)
☐	☐	380| Retail/In-Store Clinic
☐	☐	390| Rural Health Center
☐	☐	400| School/College Health Service
☐	☐	410| Urgent Care
☐	☐	970| Other Patient Care Setting
☐	☐	990| Other: (PRI) ____________ (SEC) ____________

FOR RESEARCH AND STATISTICAL PURPOSES

5. Please identify the employment **SPECIALTY(IES)/AREA(S)** that most closely corresponds with your nursing **PRACTICE** position(s):

PRI	SEC	Description
☐	☐	110| Acute Care
☐	☐	120| Administration
☐	☐	130| Adult Health/Family Health
☐	☐	141| Analytics/Research
☐	☐	150| Anesthesia
☐	☐	160| Cardiac Care
☐	☐	170| Case Management
☐	☐	180| Community Health
☐	☐	190| Critical Care
☐	☐	200| Developmental Disabilities
☐	☐	210| Dialysis/Nephrology
☐	☐	220| Emergency/Traumas
☐	☐	230| Faith Based/Congregational/Parish Nurse
☐	☐	240| Forensic/SANE
☐	☐	250| General Nursing Practice
☐	☐	260| Geriatric/Gerontology
☐	☐	270| Hospice
☐	☐	280| Informatics
☐	☐	290| Maternal-Child Health
☐	☐	300| Medical Surgical Specialties
☐	☐	310| Neonatal
☐	☐	320| Occupational Health
☐	☐	330| Oncology
☐	☐	335| Outcomes/Quality/Documentation Review
☐	☐	340| Palliative Care/Pain Management
☐	☐	350| Pediatrics
☐	☐	360| Peri/Post/Pre-Operative
☐	☐	370| Professional Development
☐	☐	380| Psychiatric/Mental Health/Substance Abuse
☐	☐	390| Public Health
☐	☐	400| Rehabilitation
☐	☐	410| School Health
☐	☐	420| Women's Health
☐	☐	430| Wound/Ostomy/Continence
☐	☐	990| Other: (PRI) ______ (SEC) ______

6. Please identify the **JOB TITLE(S)** that most closely correspond with your nursing **PRACTICE** position(s):

(PRI): ☐ CNM ☐ CNS ☐ CRNA ☐ NP ☐ RN
(SEC): ☐ CNM ☐ CNS ☐ CRNA ☐ NP ☐ RN

7. Please identify the **POSITION TITLE(S)** that most closely corresponds with your nursing **PRACTICE** position(s):

PRI	SEC	Description
☐	☐	110| APRN Credential Required – CNM
☐	☐	120| APRN Credential Required – CNS
☐	☐	130| APRN Credential Required – CRNA
☐	☐	140| APRN Credential Required – NP
☐	☐	150| Care Coordinator/Case Mgr./Discharge Planner
☐	☐	155| Charge Nurse/Supervisor
☐	☐	160| Consultant (e.g., Legal, Edu., Prac. Standards)
☐	☐	170| Faculty/Professor
☐	☐	180| Information Nurse/Informaticist
☐	☐	185| LPN (Other not listed)
☐	☐	190| Nurse Educator (Incl. In-Service, Prof. Dev.)
☐	☐	200| Nurse Executive/Administration
☐	☐	210| Nurse Manager
☐	☐	220| Nurse Researcher
☐	☐	230| Patient Educator
☐	☐	240| Quality/Utilization Review (Incl. Accreditation)
☐	☐	250| School Nurse
☐	☐	260| Staff Nurse/Direct Care/General Duty Nurse
☐	☐	270| Supplemental Staffing/Travel/VNS Nurse
☐	☐	280| Telehealth Nurse
☐	☐	290| Triage/Advice Nurse
☐	☐	960| Other – Health Related (Org/Operations Focus)
☐	☐	970| Other – Health Related (Patient Focus)
☐	☐	980| Other – Non-Health Related: (PRI) ______ (SEC) ______

Regarding the practice of nursing

As defined in 40-33-10F: Includes direct patient care, teaching, counseling, administration, research, consultation, supervision, delegation, and practice evaluation.

How much longer do you intend to remain employed in nursing?

☐ Less than 1 year ☐ 3 to less than 5 years ☐ Unsure
☐ 1 to less than 3 years ☐ 5 or more years ☐ N/A, Not employed in nursing