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
llr.sc.gov/nurse

2024-2026 RN/LPN RENEWAL APPLICATION

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

Please check one: ☐ RN License ☐ LPN License

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: **$75** (RN) or **$75** (LPN)
- Your current license 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: _____

DECLARATION OF PRIMARY STATE OF RESIDENCE

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

I currently practice in the following states: _____ _____ _____ _____ _____

DEMONSTRATION OF CONTINUED COMPETENCY

Renewal of an active license requires **ONE** of the following requirements to be completed during **May 1, 2022 and April 30, 2024.** Continued competence should be completed prior to renewing your license. **DO NOT SEND ANY CONTINUED COMPETENCY PAPERWORK WITH YOUR RENEWAL**. The Board will randomly select licensees to be audited. If you are chosen for the audit, you will be notified in writing by the Board and at that time will be required to submit this information within five (5) days of the request. Licensees may submit their continuing education hours to CE Broker prior to renewing. You may activate your free CE Broker account using the following link: www.cebroker.com/sc/account/basic.

I swear or affirm that I have completed and have documentation for at least one of the following competency requirements between May 1, 2022 and April 30, 2024 and prior to this renewal.

☐ **Yes** ☐ **No**

- Completion of thirty contact hours from a continuing education provider recognized by the board during 05/01/2022 - 4/30/2024; **OR**
- 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 board approved form.

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.: _____

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.: _____

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

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.

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
☐	☐	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) _____

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 your Primary Employment

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

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%

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