



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Examiners in Psychology**

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[llr.sc.gov/psych](http://llr.sc.gov/psych)

## 2019-2021 RENEWAL APPLICATION FOR PSYCHOLOGISTS

### Renewal Instructions/Requirements:

- Biennial application fee of \$395 in the form of a check or money order made payable to LLR-Board of Examiners in Psychology. (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.)
- **Renewal / Late Fee:**  
Postmarked 11/30/19 or before: **\$395**  
Postmarked 12/1/19 - 2/1/20: Late Fee \$75 + Renewal Fee \$395 = **\$470**  
After February 1<sup>st</sup> your license is lapsed and must be reinstated.
- **Complete all questions and fill in blanks on this renewal application. Incomplete renewal applications will be returned. If an item is not applicable, answer N/A.** Please enter new changes to addresses, congressional districts, etc., and provide any additional information as requested.

SC License No.: \_\_\_\_\_

Note for SC Residents: To find your Congressional District you may go to: <http://www.scstatehouse.gov/legislatorssearch.php>

### LICENSEE INFORMATION

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Since you were licensed, have you legally changed your name? ☐ Yes ☐ No Maiden Name: \_\_\_\_\_

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ District: \_\_\_\_\_  
Congressional District (SC Residents Only)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(If different than above)

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Fax No.: \_\_\_\_\_

**Business Name:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Email: \_\_\_\_\_ Business Fax No.: \_\_\_\_\_

### Supervision of Unlicensed Persons

Do you employ and/or supervise unlicensed persons who perform psychological services? ☐ Yes ☐ No

**If Yes,** download the “Report of Supervised Persons” from the Application/Forms section of the Board’s web site and submit with this application.

**Current Activity Status: (Check one only)**

☐ Currently practicing profession   ☐ Not currently practicing profession   ☐ Retired   ☐ Out of State: \_\_\_\_\_

**Current Practice Setting:**

☐ Hospital                                      ☐ Federal Military Health Facility                                      ☐ Group Assigned to Hospital  
☐ Elementary or High School                                      ☐ Psychiatric Hospital                                      ☐ State Corrections/DYS  
☐ Fed. Civilian Health Facility                                      ☐ Freestanding Clinic/Mental Health                                      ☐ College or University  
☐ Private Office/Medical Office                                      ☐ University or College of Medicine

**Current Form of Practice:**

☐ County Govt.                      ☐ Local Government                      ☐ Self-Partner, Group                      ☐ Self-Employed, Solo  
☐ Fed. Govt./Military                      ☐ Other Private Employer                      ☐ State Government                      ☐ Other: \_\_\_\_\_

**Enter approximate hours per week for all employers:** \_\_\_\_\_

**Continuing Education (CE) Information**

Each licensee is required to obtain a minimum of 24 hours of continuing education (CE) hours during this biennial renewal period. A minimum of 12 CE hours must be accumulated from Category A offerings (formal educational activities) and a maximum of 12 CE hours can be accumulated from Category B offerings (more informal educational activities). A licensee may earn all of their CE hours from Category A experiences (refer to **Regulations, Chapter 100-10** at the Laws/Policies section of the Board's Web site). All CE hours must be completed before renewing your license.

You will not be required to list CE activities on this online renewal. The Board will conduct a random audit of continuing education compliance after renewals end. You will be notified if you are chosen for the audit, at which time you will need to submit documentation of completed CE hours.

**Affirmation of Continuing Education**

I **affirm** that I have obtained a minimum of 24 approved CE hours (a minimum of 12 CE hours from Category A offerings and a maximum of 12 CE hours from Category B offerings) during this renewal period, December 1, 2017 to November 30, 2019.

- ☐ Yes - **Do not send CE certificates with this renewal application.**  
☐ 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 convicted, pled guilty or pled nolo contendere to a felony of any kind or to a non-felony crime involving drugs or moral turpitude? ☐ Yes   ☐ No
2. Since you last renewed your license, have you had a license restricted, suspended, revoked, or been placed on probation or otherwise disciplined by any other professional licensing agency? ☐ Yes   ☐ No
3. Do you currently have any mental, emotional, and/or physical disease or condition, including alcohol or other substance abuse, which may presently interfere with your ability to competently and safely perform the essential functions involved in this profession? ☐ Yes   ☐ No  
If you are currently enrolled in and compliant with the Recovering Professionals Program, you may answer "no" with respect to alcohol or substance abuse.
4. Since you last renewed your license, has there been any change in the status of your lawful presence in the United States? ☐ Yes   ☐ No

**ATTESTATION**

I HEREBY swear/affirm I have read all questions on this renewal application and have answered truthfully, accurately and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina licensure.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRIVACY NOTICE**

South Carolina law requires the agency to collect personal information which is only disseminated as required by law. 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 your renewal application and other documents on file 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 purposes.