



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

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llr.sc.gov/psych

2023-2025 RENEWAL APPLICATION FOR PSYCHOLOGISTS

Renewal Instructions/Requirements:

- Biennial renewal fee of \$395 in the form of a check or money order (no cash) 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: Licenses renewed/postmarked on or before 11/30/2023: \$395 Licenses renewed/postmarked 12/1/2023 - 1/31/2024: Late Fee \$75 + Renewal Fee \$395 = \$470
Beginning February 1, 2024, your license is lapsed and must be reinstated upon completion of a new application for licensure.
Practice is not allowed after 11/30/2023.
Continuing Education (CE): 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 on the Board's website).
Do not submit any CE documentation to the Board's office. Licensees are encouraged to submit their continuing education hours to CE Broker prior to renewing. You may activate your free CE Broker account using the following link: https://cebroker.com/sc/account/basic. A random audit will be conducted at the end of this renewal.
If you have had a legal name change since your last application, please attach the legal documentation with this renewal form (marriage certificate, divorce decree, court documentation, etc.).

SC License No.: _____

LICENSEE INFORMATION

First Name: _____ Middle: _____ Last: _____

Since you were licensed, have you legally changed your name? [] Yes [] No Prior Name: _____

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

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

(If different than above)

Phone No.: _____ Email: _____

(Required)

Business Name: _____ Business Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Business Email: _____

Primary Physical Location: County: _____ Zip: _____ Estimated Hrs. Per Week: _____

Current Activity Status (check one only):

- [] Active Practice, in SC [] Active Practice, Out-of-State: _____
[] Active Practice, Volunteer work only [] Not Currently Practicing, Disabled
[] Not Currently Practicing, Seeking Licensed Practice [] Retired
[] Not Currently Practicing, Not Seeking Licensed Practice [] Other: _____

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 Board’s web site:

<https://llr.sc.gov/psych/Forms/RptOfSupvr.pdf> and submit it with this application.

Primary Employment

The location(s) where services are rendered is best categorized as (check one only):

- Single Site
- Multi-Site
- Virtual
- Mixed – Single Site/Virtual
- Mixed – Multi-Site/Virtual
- Other: _____

Are services rendered or available to children and adolescents age 18 and under? Yes No

Percent of weekly hours providing services via tele-health (check one only):

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

Current Primary Practice Setting (check one only):

- Academic Setting (Instruction/research)
- Community Mental Health Center
- Criminal Justice/Corrections/Legal system
- Federal Outpatient Clinic (FQHC, VA, MIL)
- Group Assigned/Staffing
- Hospice
- Hospital - General (IP, OP, or ED)
- Hospital - Psychiatric/Subacute
- Integrated medical/mental health office
- Nursing Home/Other Inst.
- Organizational / Business/Industry
- Policy/Planning/Reg/Licensing Agency/Advocacy
- Private Office (Solo or Group practice)
- Public Health Dept.
- Residential Care/Assisted Living setting
- Rural Health Clinics
- School/College Health Testing Eval Services
- Substance Abuse Treatment Facility/Clinic
- Other: _____

Current Primary Form of Practice (check one only):

- Self Employed, Solo
- Employed, Indiv. Practitioner
- Non-Profit Agency
- County Government
- Other: _____
- Self Employed, Partner/Group
- Employed, Practice Group
- Federal Government
- Local Government
- Partnership Practice
- Employed, Corporate Entity
- State Government
- School District

Current Primary Area of Practice (check one only):

- Clinical Child and Adolescent Psychology
- Clinical Health Psychology
- Clinical Neuropsychology
- Clinical Psychology
- Cognitive Behavioral Psychology
- Counseling Psychology
- Couple and Family Psychology
- Forensic Psychology
- Group Psychology
- Organizational and Business Consulting Psychology
- Police and Public Safety Psychology
- Professional Geropsychology
- Psychoanalytic Psychology
- Rehabilitation Psychology
- School Psychology
- Other: _____

All Employment

Total number of employers: _____ Total estimated hours per week: _____

CONTINUING EDUCATION (CE)

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 on the Board's website).

Affirmation of Continuing Education

Have you obtained a minimum of 24 approved CE credits (a minimum of 12 CE credits from Category A offerings and a maximum of 12 CE credits from Category B offerings) during this renewal period, December 1, 2021 to November 30, 2023?

Yes No

PERSONAL HISTORY 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 (or if this is your first renewal since your initial license application), have you been convicted, pled guilty or pled nolo contendere to a crime (other than a minor traffic violation)? Yes No
2. Since you last renewed your license (or if this is your first renewal since your initial license application), 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 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? (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.") Yes No
4. Since you last renewed your license (or if this is your first renewal since your initial license application), 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.