



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Physical Therapy Examiners

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4655 • Contact:PT@llr.sc.gov • Fax: 803-896-4719

llr.sc.gov/pt

ONLINE APPLICATION INSTRUCTIONS FOR APPLICATION BY ENDORSEMENT

The attached forms are to be used with your electronic application. Visit this link to apply and upload this required documentation. <https://eservice.llr.sc.gov/NewAppsV2/>

Submit the following with your electronic application:

- Submit \$120 via credit or debit card or electronic check to transmit the application to the Board. Fees are non-refundable. A returned check fee of \$30, or an amount specified by law, may be assessed on all returned funds.

Do not mail a check to the Board with these forms, your electronic application must be filled out online and submitted by making payment via electronic means.

- Upload Copy of your valid Driver's License, State Issued ID or Passport
- Upload Copy of your signed social security card
- Upload Signature Affidavit with 2x2 Passport Photo, attached
- Upload Legal documentation for name change, if applicable
- Upload Notarized Verification of Lawful Presence, attached

Have submitted directly to the Board office address above from the issuing agent:

- Contact FSBPT and have your exam score transferred to SC. <http://www.fsbpt.org/>
- Official school transcripts
- You will need to contact one state in which you have a current, active license and have an official license verification mailed directly to our office. Your forms contain a Verification of Physical Therapy License as a courtesy; the Board will accept state issued verification forms.
- TOEFL Scores, if applicable

Please allow 7-10 business days from the date your application is submitted to check your application status. You will be emailed or mailed a deficiency letter detailing what may be pending at the time your application is processed. You may check your application status on the website under Application Status.

<https://eservice.llr.sc.gov/NewAppsV2/>

The licensure process may take between 4-6 weeks.



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NOTARIZED SIGNATURE / PASSPORT PHOTO AFFIDAVIT
THIS FORM IS FOR USE WITH ELECTRONIC APPLICATIONS ONLY.

I, _____, am the person described and identified and the person named in all documents presented in support of this application. I certify that I have never been convicted of violating any Federal, State, Municipal or other law, statute or ordinance, other than as disclosed as required within this application.

I have carefully read the questions within this application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct to the best of my knowledge and belief.

Should I furnish any false, incomplete, or misleading information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license in South Carolina.

Applicant's Signature: _____ Date: _____

Sworn to and subscribed me this _____ day of _____, 20__.

Notary Signature: _____

Print Notary Signature: _____

Notary Public for the State of: _____

Commission Expiration Date: _____

{Seal}

**Tape a recent 2 x 2
Passport Photo
(less than 6 months old)**

You can submit this page by either attaching it to the online application under the "Uploads" section OR by mailing this page to the Board.

Please note that any illegible documents will not be accepted. If your upload is found to be illegible you will be asked to mail in the supporting document.



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or

2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)



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VERIFICATION OF PHYSICAL THERAPY LICENSURE

TO BE COMPLETED BY APPLICANT:

Name _____

Address _____

Certificate or License Number _____

.....
TO BE COMPLETED BY STATE BOARD WHERE APPLICANT IS CURRENTLY LICENSED:

The above applicant has requested license with the South Carolina Board by endorsement from your state. In order to meet the requirements of our State Physical Therapy Law, please complete this form and return it to the Board at the above address as soon as possible.

NAME OF LICENSEE _____

LICENSE ISSUED: PT _____ License No. _____ Date _____

PTA _____ License No. _____ Date _____

LICENSED BY: Endorsement _____ Name of State _____

ASI Exam _____ PES Exam _____

State Board Exam _____ Other _____

LICENSE IS: Current _____ Lapsed _____

Expiration Date _____

Has licensee ever been subject to disciplinary proceedings or is there any current investigation involving this individual? If yes, please give full details on reverse side. Yes _____ No _____

Signed _____

Title _____

State Board _____

Address _____

SEAL