



South Carolina Department of Labor, Licensing and Regulation
**South Carolina Board of Examiners for Licensure of
Professional Counselors, Marriage and Family Therapists,
Addiction Counselors and Psycho-Educational Specialists**

110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4658 • Contact.Counselor@llr.sc.gov • Fax: 803-896-4719

www.llr.sc.gov/POL/Counselors/



ADDICTION COUNSELORS GRANDFATHER LICENSE REQUIREMENTS AND INSTRUCTIONS

In order to qualify for grandfather licensing, your application must be received in our office postmarked on or prior to October 1, 2018.

METHODS OF LICENSURE

Each category lists the required education, certifications, and experience needed to qualify as a grandfathered applicant. The qualifications for only ONE category need to be met. Information provided may be verified by your credentialing body.

CATEGORY ONE

- 1(a) Master's degree in a human services field program of study and field experiences from an accredited educational institution; and
- 1(b) Current certification as **one** of the following:
- Certified Addiction Counselor II (CACII) or Certified Clinical Supervisor (CCS) through the South Carolina Association of Alcohol and Drug Abuse Counselors
 - Masters Addiction Counselor (MAC) or National Certified Addiction Counselor II (NCACII) through the National Association of Alcohol and Drug Abuse Counselors
 - Alcohol and Drug Counselor (ADC) or Advanced Alcohol and Drug Counselor (AADC) from the International Certification and Reciprocity Consortium; and
- 1(c) Have completed at least two years full-time or four thousand hours of experience within the last five years working primarily with the substance use-disordered population, which may be experience in direct service providing or in a supervisory/consulting environment

OR

CATEGORY TWO

- 2(a) Currently licensed in this State as a Professional Counselor, Professional Counselor Supervisor, or Marriage and Family Therapist; and
- 2(b) Have completed at least two years full-time or four thousand hours of experience within the last five years working primarily with the substance use-disordered population, which may be experience in direct service providing or in a supervisory/consulting environment

OR

CATEGORY THREE

- 3(a) Bachelor's degree in a human services field program of study and field experiences from an accredited educational institution; and
- 3(b) Current certification as **one** of the following:
- Certified Addiction Counselor II (CACII) through the South Carolina Association of Alcohol and Drug Abuse Counselors
 - National Certified Addiction Counselor II (NCACII) through the National Association of Alcohol and Drug Abuse Counselors
 - Advanced Alcohol and Drug Counselor (AADC) from the International Certification and Reciprocity Consortium; and
- 3(c) Have completed at least five years full-time or ten thousand hours of experience within the last eight years working primarily with the substance use-disordered population, which may be experience in direct service providing or in a supervisory/consulting environment



South Carolina Department of Labor, Licensing and Regulation
**South Carolina Board of Examiners for Licensure of
Professional Counselors, Marriage and Family Therapists,
Addiction Counselors and Psycho-Educational Specialists**



110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4658 • Contact.Counselor@llr.sc.gov • Fax: 803-896-4719
www.llr.sc.gov/POL/Counselors/

ADDICTION COUNSELORS GRANDFATHER LICENSE APPLICATION

Select the method of application: (See requirements page)

- Category One
- Category Two – SC License No.: _____
- Category Three

Include with your application:

- Check or money order in the amount of \$150 made payable to LLR-Board of Professional Counselors Application fee is non-refundable. A returned check fee of up to \$30, or an amount specified by law, **may** be assessed on all returned funds.
- Copy of your valid driver's license, state issued ID, passport or military ID
- Copy of your social security card
- Legal documentation for name change
- Copies of your certification certificates (Category One or Three)

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

- Official Transcripts (Category One or Three)

I. APPLICANT INFORMATION

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Have you ever had a legal name change? 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: _____ Email Address: _____

Date of Birth: _____ Social Security No.: _____

Race: _____ Gender: Female Male
(For statistical purposes only)

II. CURRENT EMPLOYMENT INFORMATION

Business Name: _____ Business Phone: _____

Business Email: _____

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

III. PROFESSIONAL EDUCATION INFORMATION

Category One or Three: Provide information regarding the degrees you have earned in a human services field or program of study. (Skip Section III if you are licensed in this state as a LPC, LPCS, or a LMFT.)

Institution/Program	LOCATION (City and State or Country)	Attendance Dates (MM/YR – MM/YR)	Graduation Date	Degree Earned

IV. RECORD OF CERTIFICATION (For Category One and Three)

Certification for Alcohol and Other Drug Abuse Professionals <i>(Enter all that apply)</i>		
Type of Certificate	Certificate Number	Expiration Date
CACII (SCAADAC)		
CCS (SCAADAC)		
MAC (NAADAC)		
NCACII (NAADAC)		
ADC (ICRC)		
AADC (ICRC)		

V. QUALIFYING WORK EXPERIENCE

Requirements:

Category One or Two

Demonstrate at least two years full-time or four thousand hours of experience within the last five years working primarily with the substance use disordered population, which may be experience in direct service providing or in a supervisory/consulting environment;

Category Three

Demonstrate at least five years full-time or ten thousand hours of experience within the last eight years working primarily with the substance use disordered population, which may be experience in direct service providing or in a supervisory/consulting environment.

List Experience

Name of Employer: _____ Phone No.: _____

Address of Employer: _____

Length of Employment: From (Month/Year) to (Month/Year) _____

Number of Hours per Week: _____

Description of Duties: _____

(Attach an additional sheet if necessary.)

VI. PERSONAL HISTORY INFORMATION

Answer all the questions below; you are required to include a detailed written statement of explanation with your application for any “Yes” answers. However, if you answer “Yes” to question #3, you will also need to describe any pending charges in addition to providing a criminal background check from the state in which the offense took place (i.e., SLED, etc.).

- 1. Within the last 5 years have you ever applied for and been denied a license, certificate or registration in addictions counseling in another state? Yes No
- 2. Within the last 5 years has your addictions counseling license, certificate or registration in another state ever been revoked, suspended, reprimanded, restricted, disciplined, or placed on probation by a state regulatory board or other entity? Yes No
- 3. Within the last 5 years have you ever been convicted of or pled guilty or pled nolo contendere to a criminal offense? (You may exclude minor traffic violations, expunged or pardoned crimes and juvenile court convictions.) Yes No
- 4. Do you currently have any physical, mental or emotional disease or condition that may presently interfere with your ability to competently and safely perform the essential functions involved in the practice as an addictions counseling worker? Yes No
- 5. Within the last 5 years have you ever been involuntarily terminated from any addictions counseling work or related employment? Yes No

PRIVACY DISCLOSURE

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

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.

STATEMENT OF APPLICANT

Should I furnish any false information on this application or on any supporting document or material, I understand that such an act shall constitute cause for denial of my application or revocation of my addictions counselor license.

Applicant Signature

Date



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)