



SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
 BOARD OF EXAMINERS FOR LICENSURE OF PROFESSIONAL COUNSELORS,
 MARRIAGE AND FAMILY THERAPISTS, AND PSYCHO-EDUCATIONAL SPECIALISTS

APPLICATION FOR LICENSURE AS PSYCHO-EDUCATIONAL SPECIALIST

INSTRUCTIONS	PLEASE TYPE OR PRINT	USE BLACK INK
<p>1. Applicant must complete all sections. If licensure is not completed within 3 years, the application and credentials must be brought up to date and re-submitted with the required fees.</p> <p>2. Complete application should be mailed to:</p> <p style="padding-left: 40px;">SC Board of Professional Counselors Post Office Box 11329 Columbia, SC 29211-1329 Telephone: (803) 896-4658</p> <p>3. Attach application fee of \$130.00 (personal check, money order, or cashier's check made payable to the SC Board of Counselors). If approved for licensure, you will be notified to remit license activation fee.</p> <p>ALL FEES ARE NON-REFUNDABLE.</p> <p>I HEREBY APPLY FOR LICENSURE AS: Licensed Psycho-Educational Specialist</p> <p>ON THE BASIS OF:</p> <p>ETS EXAM DATE _____</p> <p>ETS EXAM SCORE _____</p>	<p style="text-align: center;">PLEASE TYPE OR PRINT</p> <p style="text-align: center;">ON THE BASIS OF:</p> <p>Endorsement from : _____ (state)</p>	<p>FOR OFFICE USE ONLY DATE RECEIVED STAMP</p> <hr/> <p>Application Fee Pd. _____ Date Received _____ Check # _____ Institution _____</p> <p>Lic. Activation Fee Pd. _____ Date Received _____ Check # _____ Institution _____</p> <p>License Number(s) _____ Date of Approval _____ Renewal Date _____</p>

I. GENERAL INFORMATION		
Name (Last, First, Middle Initial) (Suffix)	Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Preferred Mailing Address (Street and/or Box No., City, State, Zip, County) – add a residence address if this is not your residence		
<input type="checkbox"/> Home Phone: () _____ <input type="checkbox"/> Cell Phone: () _____ <input type="checkbox"/> Home Email _____		
Business/Work Name and Address (Street and/or Box No., City, State, Zip, County)	<input type="checkbox"/> Work Phone _____ <input type="checkbox"/> Work Email _____	
Race: (for statistical purposes only)	Home Congressional District#	Date of Birth
<input type="checkbox"/> American Indian <input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Spanish Origin <input type="checkbox"/> Asian/Oriental <input type="checkbox"/> Other		

II. CERTIFICATION IN SCHOOL PSYCHOLOGY

COURSES REQUIRED FOR THE FOLLOWING CERTIFICATIONS WILL BE APPROVED WITHOUT BOARD REVIEW

TYPE OF CERTIFICATE:

CERTIFICATE # and EXPIRATION DATE:

SC Level II School Psychologist _____

SC Level III School Psychologist _____

Nationally Certified School Psychologist _____

III. EDUCATIONAL EXPERIENCE

OFFICIAL COPIES OF ALL GRADUATE DEGREE TRANSCRIPTS MUST BE SENT TO BOARD OFFICE DIRECTLY FROM THE UNIVERSITY OR COLLEGE. COPIES OF DIPLOMAS ARE UNACCEPTABLE.

GRADUATE UNIVERSITY ATTENDED		DATES ATTENDED				Degree	DATE DEGREE CONFERRED	
		FROM		TO			MO.	YR.
UNIVERSITY/COLLEGE	CITY AND STATE	MO.	YR.	MO.	YR.		MO.	YR.
1.								
2.								
3.								
4.								

IV. COURSEWORK REQUIRED: MUST BE GRADUATE LEVEL, 3 SEMESTER HOUR COURSE FOR EACH CATEGORY OR A COMBINATION OF COURSEWORK MAY BE CONSIDERED

COURSEWORK CATEGORY	COURSE TITLE	COURSE NUMBER	CREDIT HOURS	INSTITUTION WHERE COURSE WAS TAKEN
Psychopathology: Studies that provide an understanding of morbidity or pathology of the psyche or mind. These courses focus on psychopathology, abnormal psychology, abnormal behavior, etiology dynamics, and treatment of abnormal behavior.				
Diagnostics of Psychopathology: Studies that provide an understanding of the diagnostics of psychopathology as detailed in the current Diagnostic Statistical Manual of Mental Disorders.				

V. WORK EXPERIENCE IN SCHOOL PSYCHOLOGY

DOCUMENT AT LEAST TWO YEARS OF EXPERIENCE IN A SCHOOL PSYCHOLOGY SETTING.

	EMPLOYER	ADDRESS	Telephone#	DATES	
				From Mo./Yr.	To Mo./Yr.
1.					
2.					
3.					

ATTACH A LETTER FROM CURRENT OR FORMER EMPLOYER(S) VERIFYING AT LEAST TWO YEARS OF EXPERIENCE IN A SCHOOL PSYCHOLOGY SETTING.

VI. LICENSURE/CERTIFICATION IN ANOTHER STATE (if applying by endorsement)

	STATE	LICENSE/ Certification #	DATES	
			From Mo./Yr.	To Mo./Yr.
1.				
2.				
3.				

VERIFICATION OF LICENSURE/CERTIFICATION MUST BE SENT DIRECTLY FROM THE STATE(S) OF LICENSURE/CERTIFICATION BOARDS.

VII. PERSONAL HISTORY and DISCIPLINARY RECORD

If **yes** to any of the questions below, please explain fully in a letter and attach.

1. Have you ever had any application for any professional license, certification, or registration refused or denied by any licensing authority?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Have you ever been refused or denied the privilege of taking an examination required for any professional license?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Have you ever been the subject of disciplinary action with regard to a license, been revoked or sanctioned by any licensing authority, association, licensed facility, or staff of such facility?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Have your privileges ever been restricted or terminated by any association, licensed facility, or staff of such facility; or have you ever voluntarily or involuntarily resigned or withdrawn from such association or facility to avoid imposition of such measures?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. To your knowledge have any unresolved or pending complaints ever been filed against you with any federal or state agency, professional association, licensed hospital or clinic, or staff of such hospital or clinic?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Have you ever been arrested, charged or convicted (including a <u>nolo contendere</u> plea or guilty plea) in any state or federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? 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.	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Currently are you being treated or within the last five years, have you been treated for drug or alcohol addiction that might interfere with your ability to competently and safely perform the essential functions of practice?	YES <input type="checkbox"/> NO <input type="checkbox"/>
8. Have you ever been court martialled or discharged other than honorably from the armed service?	YES <input type="checkbox"/> NO <input type="checkbox"/>
9. Currently or within the last five years, have you been treated for any physical, mental, or emotional condition that might interfere with your ability to competently and safely perform the essential functions of practice?	YES <input type="checkbox"/> NO <input type="checkbox"/>
10. Currently or within the last five years, have you developed any disease or conditions, physical, mental or emotional that might interfere with your ability to competently and safely perform the essential functions of practice?	YES <input type="checkbox"/> NO <input type="checkbox"/>

VIII. AFFADAVIT

I, _____, am the person described and identified, of good moral character, and the person named in all documents presented in support of this application. I have carefully read the questions in the forgoing application and have answered them completely, without reservation of any kind and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application I hereby agree that such act may constitute cause for denial or revocation of my license to practice in South Carolina.

MUST BE SIGNED IN PRESENCE OF NOTARY →		APPLICANT SIGNATURE	
NOTARY PUBLIC INFORMATION SEAL*	STATE OF		COUNTY
	SUBSCRIBED AND SWORN BEFORE ME THIS		
	DAY OF	20	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	USE RUBBER STAMP IN CLEAR AREA BELOW
NOTARY PUBLIC NAME (TYPE OR PRINTED)			
<p>*OUT-OF-STATE NOTARIES MUST AFFIX RAISED NOTARIAL SEAL</p> <p>Rev 6/12</p>			

AFFIDAVIT OF ELIGIBILITY

Pursuant to section 8-29-10 of the South Carolina Code of Laws (1976 as amended), the Department of Labor, Licensing and Regulation must verify the lawful U.S. presence of any person who applies for a South Carolina license. Please complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

I, (please print your full name) _____, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1. ___ I am a United States citizen or legal permanent resident eighteen years of age or older; or
2. ___ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
 - a. ___ I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
 - b. ___ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.
3. ___ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
 - a. ___ I am a US citizen, not physically present or employed in the United States.
 - b. ___ I am a Foreign National, not physically present or employed in the United States.

If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.

Section B: Secure and Verifiable Document. This section must be completed if you checked number 1 or 2 in Section A.

1. Please check one of the following acceptable secure and verifiable documents. Complete documentation must be provided.

- Any valid South Carolina Driver's License, South Carolina Driver's Permit or South Carolina Identification Card? Number _____; Date of Expiration: _____
- Any valid out-of-state issued photo Driver's License or photo identification card, photo driver's permit? State: _____; Number _____; Date of Expiration: _____.
- Permanent Resident Card; Alien Number _____; Card Number _____; Date of Expiration: _____.
- Employment Authorization Card; Alien Number _____; Card Number _____; Date of Expiration: _____
- Certificate of Naturalization with intact photo.
- Certificate of (US) Citizenship with intact photo.
- Other: (Name of verifiable document) _____

2. Enter the state or the federal agency name where this secure and verifiable document was issued.

(If issued by a state agency, include both the state and agency name.)

3. Please provide your social security number: _____/_____/_____

Section C: Attestation.

- I understand that this sworn statement is required by law because I have applied for or seek reinstatement of a professional or commercial license as provided for in 8 U.S.C. §1621. I understand that state law requires me to provide proof that I am lawfully present in the United States.
- I understand that in accordance with section 8-29-10 of the South Code, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a felony.
- I am the person identified above, and 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

Date

Please print your name as shown on your secure and verifiable document.

Professional License Type: _____

License Number (if already licensed): _____

The 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.

06/28/12 Affidavit of Eligibility