



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

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

Phone: 803-896-4664 • Contact.Psychology@llr.sc.gov • Fax: 803-896-4719
www.llr.sc.gov/POL/Psychology/



Name: _____ Psychologist License # _____

Renewal Instructions

- 1. Complete all questions and fill in blanks on this renewal application page 1 and page 2. 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.
2. Incomplete renewal forms will be returned, and if not postmarked by November 30, 2017, will result in a \$75 late fee.
3. Make check payable to S.C. Board of Examiners in Psychology. Mail completed renewal form and biennial fee of \$395 to: S.C. Board of Examiners in Psychology, PO Box 11329, Columbia, SC 29211-1329.
4. A \$75 late fee will be added for renewals postmarked Dec. 1, 2017 to Feb. 1, 2018. Licenses not renewed by Feb. 1, 2018, will be lapsed with the Board. Visit the boards Web page at www.llr.state.sc.us/POL/psychology.
5. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
6. All fees are non-refundable.

Home Address

Work Place and Address

Mailing Address

Phone: _____

Phone: _____

Fax: _____

Fax: _____

E-mail: _____

E-mail: _____

Congressional District: _____

Congressional District: _____

Current Activities: Please provide a brief, specific description of current full-time employment and professional activities in psychology.

Supervision of Unlicensed Persons: Do you employ and/or supervise unlicensed persons who perform psychological services? [] Yes [] No

If "Yes," download a copy of the "Report of Supervised Persons" from the Application/Forms section of the Board's Web site.

Current Activity Status (check only one):

[] Currently Practicing Profession [] Not Currently Practicing Profession [] Retired

Current Practice Setting:

[] College or Univ [] Fed Civilian Hlth Facility [] Freestanding Clinic/Mental Hlth [] Hospital
[] Private Office [] School or College of Med [] Elementary or High School [] Fed Military Hlth Facility
[] Group Assigned to Hospital [] Medical Doctor's Office [] Psychiatric Hospital [] State Corrections/DYS

Current Form of Practice:

- County Govt Local Government Self-Partner, Group Self-Employed, Solo
- Federal Govt Other Private Employer State Govt Other: _____

Continuing Education (CE) Information: Each licensee is required to obtain a minimum of 24 hours of CE during this biennial renewal period. A minimum of 12 CE credits must be accumulated from Category A offerings (formal educational activities) and a maximum of 12 CE credits can be accumulated from Category B offerings (more informal educational activities). A licensee may earn all of his/her CE credits from Category A experiences (refer to **Regulations, Chapter 100-10** at the Laws/Policies section of the Board’s Web site). **You will not be required to list CE activities on this renewal form;** however, the Board will conduct a random, mandatory annual audit of CE at which time licensees must provide completed CE documentation and certificates to the Board.

Affirmation of Continuing Education: I affirm that I have 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, 2015 to November 30, 2017.

Yes **Do not send CE certificates with this renewal form.**

If you answer “YES” to a question below, a detailed letter of explanation must be submitted.

1. Since you last renewed your license, have you been convicted, pled guilty or pled nolo contendere for violation of any federal, state or local law (other than minor traffic violations)? Yes No
2. Since you last renewed your license, have you had a license denied, restricted or disciplined by any other licensing board or national certifying body? Yes No
3. Since you last renewed your license, have you had 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
4. Since you last renewed your license, have you been addicted to or used in excess any drug or chemical substance including alcohol, or been treated for a drug or alcohol addiction or participated in a rehabilitation program? Yes No
5. Since you last renewed your license, has there been any change in the status of your lawful presence in the United States since initial licensure? Yes No

***If your name has changed, please provide the Board with a copy of the legal document.**

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 license.

Print Name _____ License No. _____

Signature _____ Date _____

Disclaimer

South Carolina Law requires the agency 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 services. In order to better protect the information you provide, please provide the Department with the following information that may be released to the public upon request: a public mailing address, a public email address and a public telephone number.