South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Nursing
P.O. Box 12367 • Columbia, SC 29211
Phone: 803-896-4550 • Fax: 803-896-4515 • www.llronline.com/POL/nursing/

EMPLOYER CERTIFICATION

Verification of Competency and Nursing Practice Hours Worked

'Competence' means the ability of a licensed nurse to perform safely, skillfully, and proficiently the functions within the role of the licensee. The role encompasses the possession and interrelation of essential knowledge, judgment, attitudes, values, skills, and abilities, which are varied and range in complexity. Competence is a dynamic concept, changing as the licensed nurse achieves a higher stage of development, responsibility, and accountability within the role. [Nurse Practice Act §40-33-20 (22)]

I hereby authorize the release of this information to the South Carolina Board of Nursing. Please note, the below information must have been within the preceding two years.

_____ _____
Licensee/Employee Signature Date

_____ has worked _____ hours
Nurse Licensee Name & Title (please print) Nursing Practice Hours
(excluding any orientation period/ hours worked)

during the period of _____ through _____ and has performed

his/her duties competently.

_____
Employer / Representative Signature

_____
Date

☐ Initial Licensure

☐ Reinstatement/Reactivation

☐ Renewal

Select the option that fits your intended use for this form.

Employer Contact Information

_____
Printed Employer / Representative Name

_____
Title

_____
Name of Company

_____
Direct Telephone Number

_____
E-Mail Address

Revised: May 2017, April 2016