



## INSTRUCTIONS AND REQUIREMENTS FOR RN OR LPN LICENSURE BY ENDORSEMENT

### **Compact State Information**

South Carolina is a member of the Nurse Licensure Compact (NLC). The NLC allows a registered nurse or licensed practical nurse licensed in a Compact state to practice across state lines in another Compact state without having to obtain a license in the other state unless the nurse moves and declares the new compact state as his/her new primary state of residence. It is important to remember that the NLC requires nurses to adhere to the nursing practice laws and rules of the state in which he/she practices under his/her Compact license. If a nurse moves from one state to another and establishes residency, the nurse must apply for licensure in that state. In the case of electronic nursing practice (telenursing), the nurse must adhere to the practice standards of the state in which the client receives care. Please visit the National Council of State Boards of Nursing (NCSBN) Web site ([www.ncsbn.org](http://www.ncsbn.org)) for a list of states that have implemented the Compact.

“Primary state of residence” as defined by the Compact means the “*person’s declared fixed permanent and principal home for legal purposes; domicile.*” Proof of primary residence may include but is not limited to 1) Driver's license with a home address; 2) Voter registration card displaying a home address; 3) Federal income tax return declaring the primary state of residence. 4) Military Form # 2058- state of legal residence certificate; or 5) W2 from US Government or any bureau, division or agency thereof indicating the declared state of residence.

If your declared primary state of residence is another Compact State, you are not eligible for RN or LPN licensure in South Carolina.

- If a party state issues a temporary permit or temporary license to an endorsee, that permit or license shall confer the same rights and privileges of nursing practice as does the permanent license among party states.
- NURSYS will not track temporary licenses and the employer must verify licensure directly from the state issuing the temporary permit/ license.

### **Information for Applicants**

A current South Carolina license, temporary license or compact multistate license is required to practice nursing in this state. Orientation is considered the practice of nursing in South Carolina. Therefore, all nurses must possess a current South Carolina license and/or temporary license or compact multistate license before beginning orientation (including classroom instruction and reading policies and procedures). It is a violation of the Nurse Practice Act to begin orientation without the proper license and can result in action by the Board. A temporary license authorizes practice in this state with privilege of title or abbreviation after name and is valid for sixty days.

**If you were previously licensed by the SC Board of Nursing as an LPN or RN, do not complete this application form. Visit the Board of Nursing Website at [www.llr.state.sc.us/pol/nursing](http://www.llr.state.sc.us/pol/nursing) for a Reactivation/Reinstatement application to reinstate your LPN or RN license.**

An applicant for licensure by endorsement whose license in another state is currently restricted to prohibit the practice of nursing by any disciplinary action (i.e. suspension, revocation, or other action) shall not be considered for South Carolina license until the license from the other state of discipline is reinstated to permit the practice of nursing.

## Instructions

1. Complete and submit the attached Application for Licensure by Endorsement with the correct fee. Money orders, cashier's checks or personal checks should be made payable to **LLR-Board of Nursing**. Credit cards or debit cards are not accepted. Application fees are non-refundable. Your application must include the following:
  - a. Recent 2"x2", full faced passport type photo, signed and dated on the front.
  - b. Submit copy of vital statistics birth certificate or passport (hospital birth certificates are not accepted).
  - c. Copy of social security card, permanent resident card or a resident alien identification card assigned to a resident alien who does not have a social security number.
  - d. Copy of nursing license in another state or jurisdiction in this country or territory or dependency of the United States.
  - e. Provide evidence of continued competence- See enclosed competency requirements.
  - f. Provide proof of residence- driver's license; voter registration card or state issued identification card
  - g. Copy of legal documents that authorizes a change in name, if applicable.
  - h. Request verification from original state of licensure or territory or dependency of the United States. (Submit a Verification Form to the original state Board of licensure or Process your verification online at <https://www.nursys.com>).
  - i. Complete the criminal background check requirements.
    - Fees as follows:

Endorsement License Only	\$100.00
Endorsement License with Temporary License	\$110.00
    - Check the status of your application online at [www.llr.state.sc.us/pol/nursing](http://www.llr.state.sc.us/pol/nursing). Allow 10-business days for processing after receipt of your application in the Board's office. Also, allow 10-business days after receipt of the last document for a license number to be generated.
2. Submit the **Verification** form to your original state board of licensure **or** if your original state of licensure is listed on the NURSYS page, process your verification online at <https://www.nursys.com>.
  - If your original state of licensure is not listed on NURSYS, then send the verification form, included within this application, to your original state of licensure. A fee is normally charged for this service and you must contact the state nursing board for the amount required. The completed form must be submitted directly to the South Carolina Board of Nursing. Be sure to send this form to the original licensing board as soon as possible as this process may take several weeks to complete. If your nursing education is not included on your verification, then you are required to submit an official transcript sent directly from your nursing education program to the SC Board of Nursing office. The transcript must include all nursing courses applied to meet degree/diploma requirements, date degree/diploma awarded, date of graduation, registrar's signature and school's seal.
3. **Walk-in Applicants:** The SC Board of Nursing will process "walk-in" applications regarding eligibility for issue of a temporary license Monday-Friday between the hours of 9:00 A.M.-4:00 P.M.
  - All required documents (1a-1g) must be provided at the time of the walk-in in order for a temporary license to be issued.
4. **Temporary License:** Temporary licenses are not available to applicants educated outside the United States who have not passed the NCLEX/SBTPE. Documentation of continued competency is required before one can obtain a temporary or permanent license.
5. **Change of Address:** The Board should be notified of all changes in address, name and/or telephone number within fifteen (15) business days. This will facilitate mailing of pertinent correspondence pertaining to licensure.
6. **Name Used on License:** All licenses are issued in the applicant's legal name. Your legal name is your first name, middle name or maiden name, if married, and last name. The name as it appears on your birth

certificate will be printed on your license, unless it has been changed legally by marriage, divorce or other legal action. If your name changes (marriage, divorce or other court order) after the application has been filed, a copy of the legal document changing your name must be submitted to this office so that the correct name appears online. Your first name cannot be dropped and your middle name used on the license unless you have legally made this change and have provided documentation (court documents).

**7. License Renewal:** South Carolina Nursing Licenses are renewed every even year. All licenses must be renewed by April 30th every even year. It is the responsibility of the licensee to renew their license. Do not wait until renewal time to notify the Board of a change in your address. Documentation of continued competency is required to renew your license. See Section 40-33-40 of the Nurse Practice Act to review the competency requirements.

### **Remember**

- Applications completed in pencil will be returned.
- Complete the Affidavit of Eligibility.
- Cashier's check, money order or personal check made payable to LLR-Board of Nursing. Credit cards or debit cards are not accepted.
- Documents (proof of identity and age, social security cards, marriage licenses and other legal documents) are a part of your permanent file and are not returned.
- Complete the Criminal Background Check process.
- Notify the Board immediately of a name or address change.
- Sign and date your photo on the front and tape along the top edge only onto the photo section of your application. Color or black and white photos are accepted.
- Copy of nursing license in another state or territory or dependency of the United States.
- Provide documentation of the continued competency. (Please refer to attached competency requirement).
- Request verification of your original licensure to practice. (Submit Verification Form to your original state board of licensure or process your verification online at <https://www.nursys.com>).
- Applications are maintained for one year; all fees are non-refundable.
- Any questions regarding endorsement should be directed to the SC Board of Nursing at (803) 896-4550.
- **Check the status of your application online at [www.llr.state.sc.us/pol/nursing](http://www.llr.state.sc.us/pol/nursing).**
- Once all requirements have been received, a license number may be generated within 10 business days. During peak times, the application review/approval process may take longer. If you were previously licensed by the SC Board of Nursing as an RN or LPN, **DO NOT** complete this application. Visit the Board of Nursing website for a Reactivation/Reinstatement Application.



## **Criminal Background Check (CBC)**

Effective March 2, 2009, an applicant for a license to practice nursing in South Carolina shall be subject to a criminal history background check as defined in [40-33-25](#) of the Nursing Practice Act.

This process requires you to furnish a full set of fingerprints and additional information required to enable a criminal history background check to be conducted by the State Law Enforcement Division (SLED) and the Federal Bureau of Investigation (FBI). These services are provided by Identogo Centers and are operated by MorphoTrust USA.

**Residents of South Carolina** should go online to schedule for fingerprinting services:

<http://www.identogo.com/FP/SouthCarolina.aspx> or call (866) 254-2366 for assistance in scheduling. Scheduling services will provide detailed information of forms of identification that will be required.

If you are a non-resident of South Carolina and do not reside in an area near South Carolina, please follow the **Non-Resident Card Scan Processing Procedures** below.

### **Non-Resident Card Scan Processing Procedures**

For applicants that reside out of South Carolina who wish to use the Identogo/Morpho Trust USA Centers, you may use these centers that are located in South Carolina only. If an applicant does not reside near South Carolina, they must complete and submit the fingerprint cards by following the directions below. This program utilizes advanced scanning technology to convert a traditional fingerprint card (hard card) into an electronic fingerprint record. The section below details the procedures for submitting fingerprints to the MorphoTrust card scan department. Applicant should contact Identogo/MorphoTrust (866-254-2366) to verify the current fee to submit.

- Applicants should obtain a set of fingerprints from a local law enforcement agency or other entity that provides fingerprinting services. These fingerprint cards may be either traditional ink rolled fingerprints or electronically captured and printed fingerprint cards.
- Fingerprints may be submitted on FBI applicant cards. The applicant may call or email the Nursing Board to have the FBI applicant cards mailed to them. Phone: 803-896-4550 or email: [nurseboard@llr.sc.gov](mailto:nurseboard@llr.sc.gov). Due to agency specific information, MorphoTrust USA does not provide fingerprint cards to applicants.
- Applicant should ensure the fingerprint cards are completely filled out. Required information includes:
  - ORI Number: **SC920112Z**
  - Full Name
  - Home Address
  - Place of Birth (State or Country Only)
  - Citizenship
  - Social Security Number
  - Date of Birth
  - Sex, Height, Weight, Hair Color and Eye Color
  - Reason fingerprinted
- Mail the fully completed card and applicable fee (Include full name of applicant on the check) to:

IDENTOGO  
CARDSCAN DEPARTMENT  
6840 CAROTHERS DRIVE STE 650  
FRANKLIN, TN 37067-9929

Follow-up calls and questions on the processing of a fingerprint card should be made directly to Identogo/MorphoTrust at (866) 254-2366 and speak to a customer service representative.

**DO NOT** return fingerprint card or fingerprint processing fee in with your application or to the Board of Nursing. This will delay the processing of your application.

## **Competency Requirement**

According to the Nurse Practice Act, Chapter 33, Section 40-33-40:

**Demonstration of competency for renewal of an active license biennially requires documented evidence of at least ONE of the following requirements during the licensure period:**

1. completion of thirty contact hours from a continuing education provider recognized by the board; **OR**
2. maintenance of certification or re-certification by a national certifying body recognized by the board; **OR**
3. completion of an academic program of study in nursing or a related field recognized by the board; **OR**
4. verification of competency and the number of hours practiced as evidenced by employer certification on a form approved by the Board.

**Reinstatement from lapsed or inactive status of five years or less requires documented evidence of at least one of the following within the preceding two years:**

1. completion of thirty contact hours from a continuing education provider recognized by the board and successful completion of a course in legal aspects approved by the board; **OR**
2. maintenance of certification or re-certification by a national certifying body recognized by the board; **OR**
3. completion of an academic program of study in nursing or a related field recognized by the board; **OR**
4. verification of competency and the number of hours practiced in another jurisdiction where authorized to practice, as evidenced by employer certification on a form approved by the board; **OR**
5. successful completion of a refresher course approved by the board.

Reinstatement from lapsed or inactive status of more than five years requires documented evidence of at least one of the following within the preceding two years:

1. successful completion of a refresher course approved by the board, **OR**;
2. successful completion of the NCLEX appropriate to the area of licensure.

Demonstration of competency for reinstatement from lapsed or inactive status or licensure of a person who holds a current authorization to practice in another state or jurisdiction in this country or territory or dependency of the United States requires documented evidence of a least one of the requirements in subsection (B) during the preceding two years.

**Failure to comply with applicable continued competency requirements results in nonrenewal or denial of the application.**

A licensee shall maintain all documented evidence of compliance for at least four years. This documented evidence must be presented by the licensee within five business days of request by a representative of the department acting in its discretion or in accordance with a random audit of a sample of licensees. Failure to provide satisfactory documented evidence of compliance within the prescribed time results in the immediate temporary suspension or cancellation of the license pending compliance with all requirements for licensure and until order of the board.



**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/](http://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

during the period of \_\_\_\_\_ through \_\_\_\_\_ and has  
performed his/her duties competently.

\_\_\_\_\_  
Employer / Representative Signature

**Employer Contact Information**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Employer / Representative Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Direct Telephone Number

\_\_\_\_\_  
E-Mail Address

Initial Licensure

Reinstatement/Reactivation

Renewal

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

# Nursys Verification

1. If your original state of licensure is not one of the states listed below, **DO NOT** attempt to verify your license at <https://www.nursys.com>. Instead, follow the verification instructions on the South Carolina Board of Nursing verification form.

Alaska  
Arkansas  
American Samoa  
Arizona  
Colorado  
District of Columbia  
Delaware  
Florida  
Guam  
Iowa  
Idaho  
Indiana  
Kentucky  
Louisiana-RN  
Massachusetts

Maryland  
Maine  
Michigan  
Minnesota  
Missouri  
Northern Mariana Islands  
Mississippi  
Montana  
North Carolina  
Nebraska  
New Hampshire  
New Jersey  
New Mexico  
Nevada  
New York

Ohio  
Oregon  
Rhode Island  
South Dakota  
Tennessee  
Texas  
Utah  
Virginia  
Virgin Islands  
Vermont  
Washington  
Wisconsin  
West Virginia-PN  
Wyoming

**NURSYS Secure Online Verification Process:** <https://www.nursys.com>

# South Carolina Board of Nursing Verification Form

Use this form ONLY if your original state of licensure is NOT listed on the preceding page (Nursys form).  
Most states charge a fee to complete this form. Check with your original state board of nursing before mailing.

## PART I: To be completed by the applicant and forwarded to the original state of licensure.

Name \_\_\_\_\_  
First Middle Maiden Last

Previous Names(s) \_\_\_\_\_

Current Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ (mm/dd/yyyy) Social Security # \_\_\_\_\_

Nursing Education Program \_\_\_\_\_ Degree Granted \_\_\_\_\_

Name as on original license \_\_\_\_\_  
First Middle Maiden Last

City of Program \_\_\_\_\_ State \_\_\_\_\_ Date of Completion \_\_\_\_\_

Original State of Licensure \_\_\_\_\_ Issue Date of Original License \_\_\_\_\_ Original License Number \_\_\_\_\_

Type of License RN  LP/VN  Current State of Licensure \_\_\_\_\_ Issue Date of Current License \_\_\_\_\_

Current License Number \_\_\_\_\_ Type of License RN \_\_\_\_\_ LP/VN \_\_\_\_\_

### LIST ALL OTHER STATES OF LICENSURE

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

I hereby authorize all identified Boards of Nursing to release my licensure data to the South Carolina Board of Nursing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PART II: To be completed by the original state of licensure and forwarded to:

**South Carolina Board of Nursing, P. O. Box 12367, Columbia, SC 29211**

This is to certify that \_\_\_\_\_ was issued license number \_\_\_\_\_ Date Issued \_\_\_\_\_  
(Applicant Name)

to practice registered nursing \_\_\_\_\_ practical nursing \_\_\_\_\_

Licensed by: Examination \_\_\_\_\_ Endorsement \_\_\_\_\_ Waiver/Equivalency \_\_\_\_\_

Current Licensure Status: Active \_\_\_\_\_ Inactive \_\_\_\_\_ Lapsed \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has this license ever been encumbered (denied, revoked, suspended, limited, placed on probation)?  Yes  No

Disciplinary Action Pending?  Yes  No Explain yes responses and/or attach a certified copy of the action.

Nursing Education Program Completed \_\_\_\_\_ Approved by State?  Yes  No

Location (city/state) \_\_\_\_\_ Graduation Date \_\_\_\_\_

Type of Nursing Program DIP \_\_\_\_\_ ADN \_\_\_\_\_ BSN \_\_\_\_\_ LPN \_\_\_\_\_ Other \_\_\_\_\_

STATE BOARD TEST POOL EXAMINATION \_\_\_\_\_ RN \_\_\_\_\_ LP/VN \_\_\_\_\_ NCLEX \_\_\_\_\_ RN \_\_\_\_\_ LP/VN \_\_\_\_\_

Scores

Medical Nursing \_\_\_\_\_ Psychiatric Nursing \_\_\_\_\_ Obstetric Nursing \_\_\_\_\_ Surgical Nursing \_\_\_\_\_ Nursing of Children \_\_\_\_\_

Series/Form \_\_\_\_\_ Number of times applicant took exam \_\_\_\_\_ Exam Dates: \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

**OFFICIAL SEAL**



From the online application option select Nursing for the Division and then the proper application you are applying

- for:
- LPN Licensure by Endorsement
  - LPN Licensure by Endorsement with Temporary License
  - RN Licensure by Endorsement
  - RN Licensure by Endorsement with Temporary License

[Online Application Login](#)

[Back to Online Application Options](#)