



SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION

Board of Examiners in Speech-Language Pathology and Audiology

P O Box 11329

Columbia, SC 29211-1329

Telephone Number (803) 896-4655 Website: [www.llr.state.sc.us/pol/speech](http://www.llr.state.sc.us/pol/speech)

**APPLICATION FOR REINSTATEMENT OF LICENSE**

Applications must be complete and the applicable fee (\$210) included. All incomplete application will be returned. Please make your check payable to the Board of SLP/A. Fees are non refundable.

IDENTIFYING INFORMATION						
Last Name	First Name	Middle Initial	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Mr.
			<input type="checkbox"/> Ph.D.	<input type="checkbox"/> Au.D.	<input type="checkbox"/> Other	
Mo Da Yr of Birth	City County State Country of Birth					
Residence Address	Residence City State Zip Code			Residence Telephone		
Mailing Address	Mailing City State Zip Code					
Email Address						

APPLICATION BASIS		
License Requested	ASHA Certification	State Endorsement
<input type="checkbox"/> SLP	<input type="checkbox"/> SLP Expires: _____	State: _____ License # _____
<input type="checkbox"/> Audiology	Member # _____	Type: _____
	<input type="checkbox"/> Audiology Expires: _____	Date Issued: _____ Date Expires: _____

PROPOSED EMPLOYMENT IN SOUTH CAROLINA			
Company, Location (Site)	Position Title	Setting	Proposed Start Date
Mailing Address	City State Zip Code	Telephone	

EMPLOYMENT SETTINGS					
Type	Description	Type	Description	Type	Description
1	Private Practice	7	Out-Patient Clinic	12	Habilitation Facility
2	Physician's Office	8	Academic Setting	13	Home Health
3	Hospital	9	Military Setting	14	Nursing Home
4	Public School	10	Hearing Aid Dealer or Franchiser	15	Other Government Facility
5	Private School	11	Industrial Setting	16	Other Private Facility
6	Rehabilitation Facility			17	Unknown

**OTHER PROFESSIONAL LICENSES**

List information for all states in which you are or have been licensed  
**\*\*\*\*If you are currently licensed or have been previously licensed in another state, you must request that state to send verification of your licensure status directly to our office. Failure to do so can result in delay of the application or license being processed.**

State	License Number	Issue Date/ Expiration Date	Type and Status

**ADDITIONAL WORK HISTORY**

List all previous employment

Employer	Site Location	Title	Dates

Since you were last licensed in South Carolina:

**PERSONAL INFORMATION**

PLEASE ANSWER THE FOLLOWING QUESTION:

1. Have you ever been notified to appear or appeared before any professional or occupational licensing Jurisdiction/agency for a hearing or complaint?  Yes  No
2. Have you ever had a license denied, surrendered, suspended, revoked or restricted by any professional or occupational licensing agency for any reason?  Yes  No
3. Have you ever resigned from employment in lieu of disciplinary action?  Yes  No
4. Have you ever been addicted to or treated for addiction to narcotic drugs?  Yes  No
5. Are you a habitual user of alcohol or any other drug to a degree which prohibits you from safely practicing as a Speech Pathologist or Audiologist?  Yes  No
6. Has your ability to practice any occupation or profession ever been impaired by any physical or mental condition?  Yes  No
7. Have you ever refrained from the practice of speech pathology or audiology for 30 days or more for any reason?  Yes  No
8. Have you ever been treated for any condition, be it physical, mental or emotional, that could impair your ability to practice?  Yes  No
9. Have you ever been arrested, indicted or charged for a violation of any state or federal law other than a minor traffic violation?  Yes  No
10. Have you ever been convicted of or pleaded guilty or nolo contendere to any crime other than a minor traffic violation?  Yes  No

If you answered "yes" to any of the above questions, provide full details on a separate page and attach to this application. In the event your answers to any of the above questions change prior to renewal of your license, you must report this information to the Board.

SWORN AND SUBSCRIBED BEFORE ME THIS

I certify that the foregoing and any other information I provided in this application is true and correct.

\_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_

Applicant Signature

Date

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Commission Expiration Date

(Affix Seal)

**Paper clip passport photo required here**

Photo must have been taken within the last 6 months  
(Copies of photos are not acceptable.)  
Please write your name on the back of the photo

=====  
**FOR OFFICE USE ONLY**  
=====

Date Licensed lapsed: \_\_\_\_\_

Date Reinstatement approved/Disapproved \_\_\_\_\_

DATE RECEIVED STAMP	FOR BOARD OFFICE USE ONLY	
	Initial Check Amt. _____	Deposit Control No./Date _____/____
	Balance Amt. _____	Deposit Control No./Date _____/____
	Presented to Board _____	Board Action/Date _____/____
	Certificate/Card Mailed _____	

## **AFFADIVIT 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 the acceptable secure and verifiable document(s) you hold. **A copy of the verifiable document(s) must be attached to the Affidavit of Eligibility.**

- A valid South Carolina Driver's License, South Carolina Driver's Permit or South Carolina Identification Card. Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_
- A 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 the secure and verifiable document(s) was issued.

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

3. Please provide your social security number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Include a copy of the card with the Affidavit)

**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.

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Signature

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Date

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**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.**