



South Carolina Department of Labor, Licensing and Regulation
**South Carolina Board of Examiners in
 Speech-Language Pathology and Audiology**
 110 Centerview Dr. • Columbia • SC • 29210
 P.O. Box 11329 • Columbia • SC 29211-1329
 Phone: 803-896-4655 • Contact.Speech@llr.sc.gov • Fax: 803-896-4719
 llr.sc.gov/aud

APPLICATION FOR INITIAL LICENSE

Submit the following with your application to the above address:

- Check or Money Order in the amount of \$200 made payable to SCBSLP/A (Fee is non-refundable)
- Copy of Driver’s License, State Issued ID or Passport
- 2x2 Passport Photo taken less than 6 months prior to the application

Note for SC Residents: To find your Congressional District you may go to: <http://www.scstatehouse.gov/legislatorssearch.php>

BASIS FOR LICENSURE:

SPEECH LANGUAGE PATHOLOGY (SLP)

AUDIOLOGY (AUD)

ASHA CERTIFICATION:

SLP Expires: _____ Member #: _____

AUD Expires: _____ Member #: _____

APPLICANT INFORMATION:

Full Name: _____ Maiden: _____

Home Address: _____ District: _____
 (Street, City, State & Zip) Congressional District (SC Residents Only)

Mailing Address: _____
 (If different than above)

County: _____ Date of Birth _____ Social Security # _____

Email address: _____ Telephone: (____) _____

Place of Birth (City, County, State or Country): _____

CURRENT EMPLOYMENT:

Company Name: _____ Start Date: _____

Position Title: _____ Telephone: _____ Setting: _____

Location (Site) Address: _____
 (Must be physical location – no PO BOX)

Mailing Address (if different): _____

EMPLOYMENT SETTINGS

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

EMPLOYMENT HISTORY:

List your previous five (5) years SLP/A employment history; attach additional sheet if necessary.

Employer	Site Location City, State	Title	Dates

EDUCATION:

List all college coursework (Required). Attach additional sheet if necessary.

College:

School: _____ Location (city/state or country): _____

Degree: _____ Date of Attendance/ Date Degree Awarded: _____

School: _____ Location (city/state or country): _____

Degree: _____ Date of Attendance/ Date Degree Awarded: _____

School: _____ Location (city/state or country): _____

Degree: _____ Date of Attendance/ Date Degree Awarded: _____

OTHER PROFESSIONAL LICENSES:

List all states in which you have been licensed in; regardless of status: Active, Inactive, Expired, etc. You are required to contact each State Board and request a License Verification to be sent directly to our Board at the above listed address. We will accept a state board issued form. Attach additional sheet if necessary.

State	Type of License	License No.	Date of Initial Licensure	Expiration Date	Status of License (Active, Lapsed, Disciplined, etc)

PERSONAL HISTORY:

Answer all the questions below; you are required to include a written statement with your application for any questions marked “Yes”. If you answer “Yes” to an arrest or conviction; you will need to have the court mail directly to our office the disposition and you will need to have a Statewide Background check mailed in directly from the law enforcement agency.

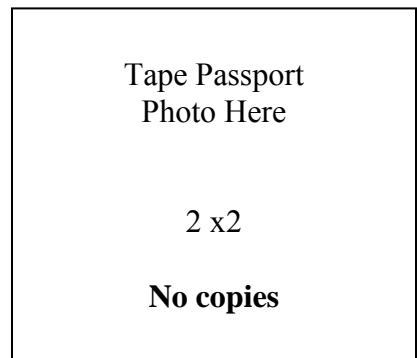
- 1. Have you ever been notified to appear or appeared before any professional or occupational licensing Jurisdiction/agency for a hearing or complaint?
YES NO
- 2. Have you ever had a license denied, surrendered, suspended, revoked or restricted by any professional or occupational licensing agency for 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 an addiction to 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, mental or emotional 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 arrested, indicted or charged for a violation of any state or federal law other than a minor traffic violation?
YES NO
- 9. Have you ever been convicted of or plead guilty or nolo contendere to any crime other than a minor traffic violation?
YES NO

PHOTO:

I, _____, am the person shown in the attached photograph and I certify that it has been taken within the last six months.

Applicant’s Signature: _____

Date: _____



PRIVACY DISCLOSURE:

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.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. 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 the application 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.

CERTIFYING STATEMENT:

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 certify that I have never been convicted of violating any Federal, State, Municipal or other law statute or ordinance, other than as disclosed as required within this application.

I have carefully read the questions within this application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct to the best of my knowledge and belief.

Should I furnish false, incomplete, or misleading information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license in South Carolina.

Applicant's Signature

Date

Sworn to and subscribed to me this _____ day of _____, 20_____

Signature of Notary Public: _____

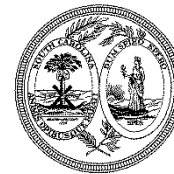
Notary Public for the State of: _____

My Commission Expires:

(Seal here)



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____,
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)

being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or
2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See Instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest 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 of Affiant

SWORN to before me this _____ day of _____, 20_____

Notary Signature

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)