



South Carolina Department of Labor, Licensing and Regulation
**South Carolina Board of Examiners for Licensure of
 Professional Counselors, Marriage and Family
 Therapists, Addiction Counselors
 and Psycho-Educational Specialists**

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**APPLICATION FOR PERMANENT SPONSORSHIP OF
 CONTINUING EDUCATION ACTIVITIES**

Include with your application:

- Sample of evaluation instruments used
- Sample CE Certificate of Completion or Letter

Name of Sponsor/Organization: _____

Type of Organization: _____

[University/college, Individual, Government agency/Company or Corporation/Association, etc.]

Federal ID/ SSN: _____ Phone: _____

Address: _____

Mailing Address (if different): _____

Contact Person: _____ Email: _____

CURRICULUM CONTENT AND PRESENTERS

1. Indicate the target audience you want to provide continuing education activities:

Counselors

Marriage and Family Therapists

Addiction Counselors

Psycho-educational Specialists

Other (indicate target audience): _____

2. Who develops the learning objectives for each continuing education activity and by what process?

3. Who are the presenters at the continuing education activities and how do you evaluate their qualifications to provide the training offered?

4. Are you approved by any other agency to award continuing education credits? YES NO
 If yes, list.

EVALUATIONS

- 1. How do you evaluate participant satisfaction? Attach a sample of the instrument used.

- 2. Explain the manner in which you or your organization utilize the evaluations for future planning.

STANDARDS FOR AWAITING CREDIT

- 1. What constitutes the completion of the activity for the purpose of awarding the CE credit?

- 2. How do you verify attendance and completion of the activity?

- 3. Do you keep records of credit awarded to participants in CE Activities?

If you or your organization is approved for permanent sponsorship, the following information shall be provided to your participants in your promotional materials.

- a. Educational objectives
- b. Schedule and format
- c. Cost of activity
- d. Items covered by fee
- e. Faculty credentials
- f. Number of CE credits

Signature: _____

Date: _____

Title: _____

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.