



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 LICENSURE AS A PROFESSIONAL COUNSELOR SUPERVISOR**

An applicant for licensure as a professional counselor supervisor must:

- hold a current, active, and unrestricted South Carolina Professional Counselor License; and
- either:
  - a) hold a doctoral degree in Counselor Education and Supervision, **OR**
  - b) provide:
    - (i) evidence acceptable to the Board of at least five (5) years of continuous clinical experience immediately preceding the application; and
    - (ii) submit evidence of a minimum of thirty-six (36) hours of individual/triadic supervision over no less than a two-year period, by a Board licensed Professional Counselor Supervisor, or other qualified mental health professional, of the applicant’s supervision of at least two (2) and no more than six (6) licensed professional counselor associates; and
    - (iii) submit evidence of a minimum of three (3) semester hours of graduate study in supervision or training approved by the Board. In addition to graduate study, this requirement can be satisfied by taking 45 hours of Board approved courses or training in supervision. See the board web page for more information on satisfying this requirement.

**Include with your application:**

- Check or money order in the amount of \$100 made payable to LLR-Board of Professional Counselors. Application fee is non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
- Copy of your valid driver’s license, state issued ID, passport or military ID
- Legal documentation for name change, if applicable
- Confirmation of Supervision Hours for Supervisor Candidate Form, if applicable
- Documentation of graduate study in supervision or training, if applicable

If you do not hold a doctoral degree in Counselor Education and Supervision, **see page 2** of this application for acceptable documentation.

**If you hold a doctoral degree in Counselor Education and Supervision, have submitted directly from the issuing agent to the Board office via email or mailing address above:**

- Official Transcripts documenting doctoral degree in Counselor Education and Supervision (if applicable) (This is not necessary to resend if previously provided with your Professional Counselor application.)

**SC LPC License Number:** \_\_\_\_\_

**APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Have you had a legal name change since being licensed as an LPC?  Yes  No Prior Name: \_\_\_\_\_  
 If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 (If different than above)

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**Complete this page ONLY if you do not hold a doctoral degree in Counselor Education and Supervision.**

IF YOU DO NOT HOLD A DOCTORAL DEGREE in Counselor Education and Supervision,

- a) Submit evidence of obtaining a minimum of three (3) semester hours of graduate study in supervision oriented to your discipline or training approved by the Board, **AND**
- b) Copy of the signed [Confirmation of Supervision of Supervisor Candidate Supervision](#) Form.

**CLINICAL EXPERIENCE IN PROFESSIONAL COUNSELING HISTORY**

Have you had five years of continuous clinical experience in professional counseling for the five years immediately preceding the date of this application? Yes      No

Provide the following information pertaining to your clinical experience history (Attach additional sheet if needed.)

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
MM/YY – MM/YY

**OUT OF STATE LICENSURE:**

If part of your supporting evidence of five continuous years of clinical experience took place out of SC, have a license verification sent directly to the Board from the state(s) where you were/are licensed. Attach an additional sheet if space is needed to list more states.

State: \_\_\_\_\_ Type of License (LPC/LPC Supervisor): \_\_\_\_\_ License No: \_\_\_\_\_

State: \_\_\_\_\_ Type of License (LPC/LPC Supervisor): \_\_\_\_\_ License No: \_\_\_\_\_

**CLINICAL EXPERIENCE IN PROFESSIONAL COUNSELING HISTORY – OUT OF STATE**

(Attach additional sheet if needed.)

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
MM/YY – MM/YY

**PROFESSIONAL EDUCATION INFORMATION**

Have you attached an official transcript evidencing a minimum of three (3) semester hours of graduate study in supervision oriented to your discipline, or evidence of other study or training approved by the Board? Yes      No

(In addition to graduate study, this requirement can be satisfied by taking 45 hours of Board approved courses or training in supervision. See the board web page for more information on satisfying this requirement)

**SUPERVISION EXPERIENCE**

Have you attached a copy of the [LPC Confirmation of Supervision Hours for Supervisor Candidate](#) form? Yes      No

LPC Supervisor Name: \_\_\_\_\_ License No.: \_\_\_\_\_

OR

**Approved Qualified Mental Health Practitioner**

Name: \_\_\_\_\_ License Type: \_\_\_\_\_ License No.: \_\_\_\_\_

List the Licensed Professional Counselor Associates you supervised. A minimum of two are required but no more than six.

LPC-A Name: \_\_\_\_\_ License Number: \_\_\_\_\_

**All applicants for Supervisor licensure must complete this page.**

**PERSONAL HISTORY INFORMATION**

Answer all the questions below; you are required to include a detailed written statement of explanation with your application for any “Yes” answers.

**Since you were initially licensed as a Licensed Professional Counselor:**

- 1. Have you had any application for any professional license refused or denied by any licensing authority? YES NO
- 2. Have your privileges been restricted or terminated by any association and/or licensed facility? YES NO
- 3. Have you been convicted of or pled guilty or nolo contendere to a felony, or to a crime involving drugs or moral turpitude? YES NO

**If yes, attach a detailed written statement, certified copy of the court disposition, an official statewide background check from the state in which the conviction occurred and from the South Carolina Law Enforcement Division <https://catch.sled.sc.gov/>. If applicable, have a statement from your probation or parole officer sent directly to the Board.**

- 4. Currently or within the last five years, have you practiced the profession under the influence of alcohol and/or drugs, or do you use alcohol and/or drugs to such a degree that you are unfit to competently and safely practice the profession? YES NO
- 5. Currently or within the last five years, have you sustained a physical or mental impairment or disability which renders your ability to practice dangerous to the public? YES NO

**STATEMENT OF APPLICANT**

Should I furnish any false information on this application or on any supporting document or material, I understand that such an act may constitute cause for denial of my application or revocation of my license. By signing below, I certify that I have read and understand the Board’s [statutes](#), [regulations](#), and the Code of Ethics specific to the professional license I am seeking.

\_\_\_\_\_  
Applicant 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