

## South Carolina Department of Labor, Licensing and Regulation

# **South Carolina Board of Registration for Geologists**

110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4575 • Contact.Geologists@llr.sc.gov • Fax: 803-704-6772
llr.sc.gov/geo

### PROFESSIONAL GEOLOGIST RECIPROCITY INSTRUCTIONS

# **Reciprocity Requirements**

**Note:** South Carolina currently has reciprocity with North Carolina, Georgia and Virginia. Reciprocity with these states exempts testing only and is applicable only if the applicant has NOT passed the ASBOG examination but is registered in a reciprocal state and has the required work experience.

All applicants applying for a Professional Geologist registration through reciprocity must have graduated from
an accredited geologic curriculum of four or more years with a minimum of 30 semester hours or 45 quarter
hours in geology or geophysics, approved by the board; and provide proof to the board of five years of work
experience (four years with a master's degree in geology).

Georgia and North Carolina applicants for reciprocity must provide verification of at least five years of responsible professional work experience after the date of registration.

**Virginia** applicants for reciprocity must provide verification of at least seven years of responsible professional work experience after the date of registration.

- Submit <u>Employment Verification form(s)</u> showing a minimum of 5 or 7 years work experience in the field of geology. Forms should be sent to present or previous employers for completion.
- Verification of Registration/Licensure forms must be forwarded directly to the Board's office from all states where you are registered as a Geologist.
- Official academic transcripts must be sent directly to the Board from the College or University. Transcripts must bear the seal of the institution and the signature of the Registrar. Transcripts may be emailed to Contact. Geologists@llr.sc.gov or sent via US Mail.

#### Documentation that will be needed to upload to your application:

- Copy of your valid Driver's License, State Issued ID or Passport.
- Copy of your Social Security card.
- Notarized Verification of Lawful Presence Form
- Documentation of legal name change, if applicable. (marriage certificate, divorce decree, court document.)
- Employment Verification form(s).

## Documentation that will need to be submitted directly to the Board from the issuing agent:

- Official College/University Transcripts Transcripts must bear the seal of the institution and the signature of the Registrar.
- Verification(s) of out-of-state registration from Georgia, North Carolina or Virginia.

Fee in the amount of \$200. Application fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law may be assessed on all returned funds.

You will receive a confirmation email once the Board receives your application. Once the application is processed, a status update will be emailed in regard to your application.



# South Carolina Department of Labor, Licensing and Regulation

# **South Carolina Board of Registration for Geologists**

110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4575 • Contact.Geologists@llr.sc.gov • Fax: 803-704-6772
llr.sc.gov/geo

## **EMPLOYMENT VERIFICATION**

Completed form may be submitted by the applicant with the application or may be sent directly to the Board from the employer at the above address/email address.

To be completed by the application	ant:			
Applicant Name:				
To be completed by employme	nt verifier:			
Name of Firm:				
Business Mailing Address:				
Business Phone:	Principal business of firm:			
Immediate Supervisor of Appl	icant:			
Title of Immediate Supervisor: _				
If Registered: Registration/License No.:			State of Registration:	
EMPLOYMENT INFORMAT	CION			
Job Title(s) of Applicant:				
	(Attach separate	sheet if additional space is r	needed.)	
Average Hours Worked Per Wee	ek:	Employment Type:	Full-Time	Part-Time
Employment Dates From:	To: _			
I	Mo./Day/Year	Mo./Day/Year		
Describe the types of work perfo	ormed by the empl	oyee:		
Signature of Individual Completing Form		Title		_
Print Name of Individual Completing Form		Date		_
Telephone:				
relephone:				



# 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					
<ol> <li>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.</li> </ol>					
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 thisday of, 20					
Notary Signature					
Print Name					
Notary Public for					

Rev: 02-02-2015

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)

Rev: 02-02-2015