



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

**APPLICATION FOR REINSTATEMENT OF
 PROFESSIONAL GEOLOGIST REGISTRATION**

INSTRUCTIONS

Submit the following with your completed application to the above address:

- Check or money order only made payable to the SC Board of Registration for Geologists in the amount of \$600 (\$300 renewal fee + \$300 late fee). **ALL FEES ARE NON-REFUNDABLE. NO CASH IS ACCEPTED.** *A returned check fee of up to \$30, or an amount specified by lay may be assessed on all returned funds.*
- 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.)
- Continuing Education Credits Reporting Form and attendance documents:
 - Registration lapse of six (6) years or less: Complete the 24 hours of CEC requirements. <https://www.scstatehouse.gov/coderegs/Chapter%20131.pdf>
 - Registration lapse of more than six (6) years: Complete 36 hours of CEC requirements. <https://www.scstatehouse.gov/coderegs/Chapter%20131.pdf>

Have the documentation below sent directly to the Board:

- Verification of out-of-state registration, if applicable

APPLICANT INFORMATION

Full Legal Name: _____

Have you had a legal name change since you were last actively registered? Yes No

If yes, please submit legal documentation supporting the name change.

Home Address: _____ City: _____ State: ____ Zip: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____
 (If different than above)

Phone: _____ Social Security No.: _____

Date of Birth: _____ Email Address (Required): _____

RECORD OF LICENSURE

You will need to contact each state board where you are/were registered as a Geologist and request a license verification to be sent directly to the Board.

List all states in which you have been registered as a professional geologist regardless of status: active, inactive, expired, etc.

State Registered	Registration Number	From (Mo./Yr./)	To (Mo./Yr.)

BACKGROUND INFORMATION

If you answer yes to one of the below questions, you are required to include a written statement with your application and supporting documentation for the “Yes” answer. If you answer “Yes” to a conviction, you will need to attach a criminal background check from your state of residence (i.e., SLED, etc.).

- 1. Since you were last actively registered, have you been denied a professional license in this state or any other state or jurisdiction? YES NO

- 2. Since you were last actively registered, have you had a business/professional or occupational license denied, reprimanded, restricted, suspended, revoked, surrendered or have you been disciplined by the licensing authorities in this or any other state or jurisdiction? YES NO

- 3. Since you were last actively registered, have you pled guilty or no contest to or been convicted of a felony or a non-felony crime of any kind? You need not disclose juvenile court convictions or pardoned or expunged crimes. YES NO

AFFIDAVIT

I, _____, am the person described and identified, and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing 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. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice Geology in South Carolina. I attest that I have not engaged in the practice of geology in this State during the time my registration was lapsed.

Applicant Signature

Date

Print Applicant Name

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

Notary Signature

SEAL

Print Name

Notary Public for: _____

My Commission Expires: _____

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.



CONTINUING EDUCATION SUBMISSION

Please list below each activity being submitted for continuing education (CE) credit. Refer to [CE Guidelines](#) for explanations and examples of acceptable courses and events for CE credit. Failure to use this form will result in disapproval of CE credit. In his/hers personal records, each registrant must keep proof of attendance (copy of event registration receipts, a signature of event sponsors) for each activity listed below on this form. If the Board conducts an audit of a registrant's CE records, the Board will request the registrant's documentation of attendance to CE events listed as attending on this form. Failure to submit such suitable documentation showing proof of attendance during an audit may result in loss of CE credit for that event.

Date of Event	Title of CE Event (Lecture/Course/Seminar/Field Trip)	Event Sponsor	Speaker or Event Leader	Pre-Approval Code	Submitted Credits Circle In-house events (12 max)	Approved Credits (Board Use)

The following activities are either not eligible or have a cap on the number of CE credits eligible for credit:

- 1) Regulatory/safety/health related courses that are not related to geology
- 2) Environmental courses without geologic relevance
- 3) Membership to professional societies
- 4) Reading professional publications
- 5) General office training
- 6) Job related activities (i.e., college professor teaching course or employee performing normal job duties).

I certify with my signature and professional geologist seal that the above listed events were properly attended and to the best of my knowledge, these events meet the requirements for CE credit as stated in the CE Guidelines.

Signature: _____ Print Name: _____ License No.: _____ Date: _____
 (PROFESSIONAL GEOLOGIST SEAL)



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

Print Name

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)