South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Nursing
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 12367 • Columbia • SC 29211-2367
Phone: 803-896-4550 • NURSEBOARD@llr.sc.gov • Fax: 803-896-4515
llr.sc.gov/nurse

COURSE COMPLETION VERIFICATION

To be completed and signed by the present Dean or Director of the School of Nursing from which the applicant attended. This form must be mailed directly to the South Carolina Board of Nursing at the address indicated above or may be emailed from the school to nurseboard@llr.sc.gov. Certificates will not be accepted from the applicant.

Official Name and Address of School:

Name: _____ Program Code: US26909700

Address: _____

Student Information

Student's Full Name: _____ Maiden: _____

Last 5 of social security number: _____

Date of admission to RN nursing school: _____
(mm/dd/yyyy)

CERTIFICATION:

I CERTIFY that records in the Registrar's Office and/or School of Nursing indicate that the student has met the criteria, as generically outlined by the SC Board of Nursing in the LPN Equivalency Fact Sheet. It does not certify that these courses are the equivalent to a LPN's educational preparation. Ultimate authority for determination of equivalencies lies with the SC Board of Nursing.

OR

I cannot attest that the student was taught all content/concepts within the _____ credits required in the area of _____.

Explanation:

Signature: _____ Print Name: _____
(Nurse Administrator of Nursing Education Program)*

Title: _____ Date: _____

* REGISTRAR'S SIGNATURE IS NOT ACCEPTABLE

{SCHOOL SEAL}

THIS FORM MAY NOT BE ALTERED OR MODIFIED IN ANY WAY.

If not available, please attach notarized copy of signature