



REQUIREMENTS AND INSTRUCTIONS FOR REINSTATEMENT/REACTIVATION APPLICATION FOR RN/LPN LICENSE

COMPETENCY REQUIREMENTS TO REINSTATE/REACTIVATE LICENSE

Demonstration of competency for:

Reinstatement from lapsed or inactive status of five years or less requires documented evidence of at least **one** of the following within the preceding two years:

- a) completion of thirty contact hours from a continuing education provider recognized by the board and successful completion of a course in legal aspects approved by the board;
- b) maintenance of certification or recertification by a national certifying body recognized by the board;
- c) completion of an academic program of study in nursing or a related field recognized by the board;
- d) verification of competency as evidenced by **employer certification** on a form approved by the board;

Reinstatement from lapsed or inactive status of more than five years requires documented evidence of at least one of the following within the preceding two years:

- a) successful completion of a refresher course approved by the board; or
- b) successful completion of the NCLEX appropriate to the area of licensure.

Demonstration of competency for reinstatement from lapsed or inactive status or licensure of a person who holds a current authorization to practice in another state or jurisdiction in this country or territory or dependency of the United States requires documented evidence of at least one of the requirements listed above during the preceding two years.

SECTION 40-33-41. Request for inactive status.

Upon request on a form provided by the board and payment of the applicable fee, the board shall place a person on the official inactive status if the person is currently licensed under this chapter and does not meet the minimum continued competency requirement for renewal or wishes to retire from practice temporarily. While on inactive status the person is not subject to the payment of any renewal fees and must not practice nursing in this State. To apply for reinstatement, the person shall submit an application, pay a reinstatement fee for the current period, and demonstrate continued competency as defined in regulation. The board may deny reinstatement based on evidence of unlawful acts, incompetence, unprofessional conduct, or other misconduct.

VERIFICATION OF LEGAL NAME

A license must be issued in the nurse's legal name as verified by a birth certificate or other legal document acceptable to the board. Examples of acceptable documents include a valid passport, vital statistics birth certificate (not hospital birth certificate), marriage certificate, divorce decree or court order approving legal name change.

CRIMINAL BACKGROUND CHECK (CBC) PROCESS

§40-33-25 of the SC Nursing Practice Act requires all nursing applicants to submit a fingerprint based criminal background check. Instructions for the fingerprint process will be sent to you **after** your application for licensure is received by the SCBON. **DO NOT** have your fingerprints or CBC report processed until you have submitted an application and received instructions from the board.

COMPACT STATE INFORMATION

SCBON is a member of the Nurse Licensure Compact (NLC). If your primary state of residence is another Compact State, you are not eligible for a South Carolina RN or LPN license with **multi-state** privileges. You will be issued a **single-state** license. Your status will change to multi-state when a Declaration of Primary State of Residence Form is received with proof of SC residency.

“Primary state of residence” as defined by the NLC means the *“person’s declared fixed permanent and principal home for legal purposes; domicile.”*

Proof of primary residence must be established with one of the following:

1. Driver’s license with a home address;
2. Voter registration card displaying a home address;
3. Federal income tax return declaring the primary state of residence.
4. Military Form #2058 – state of legal residence certificate; or
5. W2 from US Government or any bureau, division or agency thereof indicating the declared state of residence.

APPLICATION STATUS

Your application is valid for **one (1) year** from the date it is received by the SCBON. If all requirements have not been met within the year, a new application will need to be submitted and all required information will need to be re-submitted, including the CBC process.

Applications are processed (reviewed) in the order they are received. Once they are processed, you will be emailed a deficiency letter and instructions on how to have your CBC processed. The email will be sent to the email address you have provided at the time of application.

Please check your application status here before calling the Board
<https://eservice.llr.sc.gov/SSO/ApplicationStatus/Index>.



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

REINSTATEMENT/REACTIVATION APPLICATION FOR RN/LPN LICENSE

Include with your application:

- Check or money order (no cash) made payable to LLR-SC Board of Nursing (SCBON). (All 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.)
- Copy of your valid Driver's License, State Issued ID, Passport or Military ID
- Copy of Social Security card
- 2" x 2" Color Passport type photo (Must be less than 6 months old.)
- Proof of legal name, if it has changed (vital statistics birth certificate (not hospital birth certificate), valid Passport, marriage certificate, divorce decree, or court order approving a legal name change)
- Proof of competency (See Requirements page.)

Criminal Background Check instructions will be provided via email or mail by Board staff after the application is received.

Fee Amounts – Check the type/method of application: Application fees are nonrefundable.

REINSTATEMENT:

- RN/LPN Reinstatement of lapsed license less than 5 years \$135
- RN/LPN Reinstatement of lapsed license more than 5 years w/refresher course \$145
 IF you choose to retake NCLEX in lieu of a refresher course, please contact the BON
- RN/LPN Reinstatement of disciplined license \$225

REACTIVATION:

- RN/LPN Reactivation of inactive license less than 5 years \$50
- RN/LPN Reactivation of inactive license more than 5 years \$60
 IF you choose to retake NCLEX in lieu of a refresher course, please contact the BON

APPLICANT INFORMATION

License Type: RN LPN Prior License No.: _____

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Since you were last actively licensed, have you legally changed your name? 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: _____

Date of Birth: _____ Social Security No.: _____

Applicant Name: _____

PRIMARY STATE OF RESIDENCY

1. What is your current primary state of residence? _____

Are you in the military or do you work for the Federal government? Yes No

If Yes, what state are you currently license in? _____

Do you intend to work outside of the military or Federal government? Yes No

PERSONAL HISTORY INFORMATION

If you answer yes to any of the below questions, you must attach a full written explanation.

1. Have you had an application for any professional license, certification, or registration refused or denied by any licensing authority? Yes No

2. Have you been refused or denied the privilege of taking an examination required for any professional license? Yes No

3. Have you been the subject of disciplinary action with regard to a license, been revoked or sanctioned by any licensing authority, association, licensed facility, or staff of such facility? Yes No

4. Have your privileges been restricted or terminated by any association, licensed facility, or staff of such facility; or have you ever voluntarily or involuntarily resigned or withdrawn from such association or facility to avoid imposition of such measures? Yes No

5. To your knowledge have any unresolved or pending complaints been filed against you with any federal or state agency, professional association, licensed hospital or clinic, or staff of such hospital or clinic? Yes No

6. Have you been arrested, charged or convicted (including a nolo contendere plea or guilty plea) in any state or federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? Yes No

If Yes, attach a certified copy of the court records regarding your conviction, the nature of the offense date of discharge, if applicable, as well as a statement from the probation or parole officer sent directly to the Board from the above-mentioned authorities.

7. Have you been diagnosed and/or been treated for a substance abuse disorder or any physical, mental or emotional condition which in any way currently affects or limits your ability to practice nursing safely and in a competent and professional manner? Yes No

8. Are you participating in a substance abuse and/or alcohol, drug treatment, or monitoring program? Yes No

9. Have you ever voluntarily surrendered a nursing license? Yes No

Applicant Name: _____

ATTESTATION

I, _____, am the person described and identified and the person named in all documents presented in support of this application. I certify that I have never been convicted of violating any Federal, State, Municipal or other law, statute or ordinance, other than as disclosed as required within this application.

I have carefully read the questions within this 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 to the best of my knowledge and belief.

Should I furnish any false, incomplete, or misleading information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license in South Carolina.

I certify I am the person shown in the photograph below and it has been taken within the last 6 months.

Applicant Signature

Date

Print Applicant Name

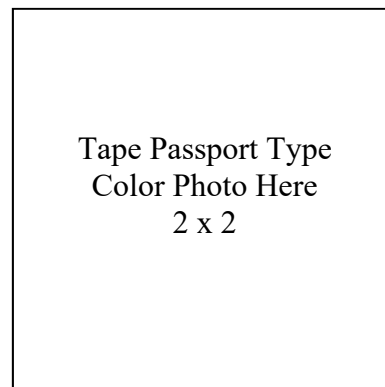
SWORN to before me this ____ day of _____, 20____

Notary Signature: _____

Print Name: _____

Notary Public for the State/Providence of: _____

My Commission Expires: _____

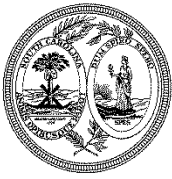


SEAL

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.



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)



EMPLOYER CERTIFICATION

This form is for an employer to submit as verification of **continued competency** and nursing practice hours worked.

Applicant/Licensee/Employee Name (Print): _____

I hereby authorize you, the employer, to release this information to the South Carolina Board of Nursing. The below requested information for verification must have taken place within the past two years.

Applicant/Licensee/Employee Signature: _____ Date: _____

Purpose (Check one): Initial Licensure Reinstatement/Reactivation Renewal

EMPLOYER VERIFICATION SECTION

‘Competence’ (defined in the SC Nurse Practice Act §40-33-20 (21)) means the ability of a licensed nurse to perform safely, skillfully, and proficiently the functions within the role of the licensee. The role encompasses the possession and interrelation of essential knowledge, judgment, attitudes, values, skills, and abilities, which are varied and range in complexity. Competence is a dynamic concept, changing as the licensed nurse achieves a higher stage of development, responsibility, and accountability within the role.

Do not include orientation period/hours worked.

CERTIFICATION:

By signing this form, I certify _____, has worked an acceptable amount of practice hours during the period of _____ to _____, and verify they meet the continued competency needed to perform their job function as defined by the SC Nurse Practice Act §40-33-20 (21).

Employer/Representative Signature

EMPLOYER INFORMATION

Company Name: _____ **Date:** _____
Employer/Representative Name: _____ **Title:** _____
Email Address: _____ **Phone:** _____