



INSTRUCTIONS AND REQUIREMENTS FOR REINSTATEMENT / REACTIVATION OF A SOUTH CAROLINA RN OR LPN LICENSE

Compact State Information

South Carolina is a member of the Nurse Licensure Compact (NLC). The NLC allows a registered nurse or licensed practical nurse licensed in a Compact state to practice across state lines in another Compact state without having to obtain a license in the other state. It is important to remember that the NLC requires nurses to adhere to the nursing practice laws and rules of the state in which he/she practices under his/her Compact license. If a nurse moves from one state to another and establishes residency, the nurse must apply for licensure in that state. In the case of electronic nursing practice (telenursing), the nurse must adhere to the practice standards of the state in which the client receives care. Please visit the National Council of State Boards of Nursing (NCSBN) Web site (www.ncsbn.org) for a list of states that have implemented the Compact.

“Primary state of residence” as defined by the Compact means the *“person’s declared fixed permanent and principal home for legal purposes; domicile.”* Proof of primary residence may include but is not limited to 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. If your primary state of residence is another Compact State, you are not eligible to reinstate or reactivate your license in South Carolina.

Information for Applicants

Section 40-33-38 If a licensee fails to timely renew his or her license, the license is deemed lapsed at the close of the renewal period, and the licensee may not practice nursing in this State until the licensee is reinstated to practice. The board may reinstate the licensee upon payment of a reinstatement fee and demonstration of continued competency as provided in 40-33-40.

Section 40-33-20 (31)-Inactive license means the official temporary retirement of a person's authorization to practice nursing upon the person's notice to the board that the person does not plan to practice nursing or the status of a license that does not currently authorize a licensee to practice nursing in this State.

To apply for reinstatement or reactivation of licensure, applicants must submit a completed South Carolina application for Reinstatement/ Reactivation of a South Carolina RN or LPN License (attached) with the correct fee to the South Carolina Board of Nursing. Submit a cashier's check, money order or personal check made payable to LLR-Board of Nursing. Credit cards or debit cards are not accepted. Applications are maintained for one year; all fees are non-refundable.

Remember

- Complete the attached reinstatement/ reactivation application. Applications completed in pencil will be returned.
- Complete the Affidavit of Eligibility.
- Sign and date your photo and tape along the top edge only onto the photo section of your application. Color or black and white photos are accepted.
- Provide documentation of the continued competency. (Please refer to attached competency requirements)
- Provide copy of current nursing license
- Provide proof of residence (driver's license, voter registration card)
- Criminal Background Check (CBC) - Board will forward instructions once application is received.
- Any questions regarding reactivation/reinstatement should be directed to the SC Board of Nursing at (803) 896-4550.
- Once all requirements have been received, the license may be reinstated or reactivated. During peak times, the application review/approval process may take longer.

Criminal Background Check (CBC):

An applicant for a license to practice nursing in South Carolina shall be subject to a criminal history background check as defined in 40-33-25 of the Nursing Practice Act. The Board will send you instructions on how to have your fingerprints processed once your application is received.



South Carolina Board of Nursing

P.O. Box 12367 • Columbia, SC 29211

Phone: 803-896-4550 • Fax: 803-896-4515 • www.llronline.com/POL/nursing/



REINSTATEMENT/ REACTIVATION APPLICATION

Check all that apply: RN or LPN Disciplined / Reinstatement or Reactivation or Refresher

South Carolina is a member of the Nurse Licensure Compact. If your primary state of residence is another Compact State, you are not eligible to reinstate/reactivate your South Carolina Nursing License. Please visit www.ncsbn.org for more information and a current list of Compact States. Personal information provided in this application may be subject to public scrutiny or release under the SC Freedom of Information Act or other provisions of federal and state law. The disclosure of the social security number for identification purposes is authorized and mandated by state and federal statutes. The social security number is not subject to disclosure as public information. 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.

Please print. Answer all questions and submit with proper fee. Careful completion of this application will avoid a delay in processing.

Social Security Number: _____ - _____ - _____

Full Legal Name _____
First Middle Maiden (if married) Last

Mailing Address: _____
Street/PO Box City State Zip

Home Address: _____
Street (physical address required) City State Zip

County: _____ Email Address: _____

Telephone #: _____ Date of Birth: _____ Place of Birth: _____

Race: (for statistical purposes only)

- American Indian African American Caucasian Hispanic Oriental/Asian Other

Marital Status: Single Married Widowed Divorced Sex: Female Male

Declaration of Primary State of Residence: (where I hold a driver's license, pay taxes or vote)

I declare my primary state of residence is _____ I plan to primarily practice in the state of _____

I am in the military or federal government. I am currently licensed in _____ (state) and I do not intend to work outside of military or federal government.

Remit fee by money order, cashier check or personal check, made payable to LLR-Board of Nursing with application. For a legal name change, include documented proof (required- marriage license, divorce decree or court document). The application fee is non-refundable. Check only one box below.

- RN/LPN Reinstatement of lapsed license - \$60.00
RN/LPN Reinstatement with refresher course - \$70.00 RN/LPN
Reactivation of inactive license - \$50.00
RN/LPN Reactivation with refresher course - \$60.00 RN/LPN
Reinstatement of Disciplined license - \$150.00

Attach original recent 2 x 2 passport photo
Sign and date photo on left side
Tape on top edge only
Do not staple

If you answer “yes” to any of the questions below (1-11), you must attach a full written explanation pertaining to that particular question.

1. Have you ever had any application for any professional license, certification, or registration refused or denied by any licensing authority? Yes No
2. Have you ever been refused or denied the privilege of taking an examination required for any professional license? By any person, hospital, or nursing board in any jurisdiction? Yes No
3. Have you ever 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 ever 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 ever 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 ever 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? **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.** Yes No
7. Currently are you being treated or within the last five years, have you been treated for drug or alcohol addiction that might interfere with your ability to competently and safely perform the essential functions of practice? Yes No
8. Currently or within the last five years, have you been treated for any physical, mental or emotional condition that might interfere with your ability to competently and safely perform the essential functions of practice? Yes No
9. Currently or within the last five years, have you developed any disease or conditions, physical, mental, or emotional that might interfere with your ability to competently and safely perform the essential functions of practice? Yes No
10. Have you ever voluntarily surrendered a nursing license? Yes No
11. Have you practiced nursing, using your South Carolina license, since the license status was placed inactive/lapsed? Yes No
12. Are you employed as a nurse at this time? Yes No
13. Please check here if you are trained and willing to volunteer your services during a bioterrorism disaster. _____

I, _____, am the person described and identified, of good moral character, 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 in South Carolina.

Signature of applicant (do not print)

Date

Printed name of applicant (first, middle, maiden, last)

Subscribed and sworn before me this _____ day of _____, _____

(Signature of notary public)

My commission expires



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 _____

Notary Public for _____

My Commission Expires: _____

Rev. 03/2015

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-688)

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)

06/28/12 Affidavit of Eligibility

10/05/2012 Revised

Competency Requirement

According to the Nurse Practice Act, Chapter 33, Section 40-33-40:

Demonstration of competency for renewal of an active license biennially requires documented evidence of at least ONE of the following requirements during the licensure period:

1. completion of thirty contact hours from a continuing education provider recognized by the board;
OR
2. maintenance of certification or re-certification by a national certifying body recognized by the board;
OR
3. completion of an academic program of study in nursing or a related field recognized by the board;
OR
4. verification of competency and the number of hours practiced as evidenced by employer certification on a form approved by the Board.

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:

1. 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; **OR**
2. maintenance of certification or re-certification by a national certifying body recognized by the board; **OR**
3. completion of an academic program of study in nursing or a related field recognized by the board; **OR**
4. verification of competency and the number of hours practiced in another jurisdiction where authorized to practice, as evidenced by employer certification on a form approved by the board; **OR**
5. *successful completion of a refresher course 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:

1. *successful completion of a refresher course approved by the board, **OR**;
2. 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 a least one of the requirements in subsection (B) during the preceding two years.

*Refresher Course Applicants- Competency documentation will be sent directly to the SC Board of Nursing from the refresher program in the form of a certificate of completion. You do not need to remit anything else for competency.



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 have met 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:** _____