



## SC VOLUNTEER NURSE RENEWAL APPLICATION INSTRUCTIONS

### **SECTION 40-33-37. Volunteer licenses.**

- (A) The board may issue a volunteer license without a fee to a retired nurse, upon written application, to donate nursing services through one specific charitable organization approved by the board if the nurse:
- (1) has been granted inactive status and has practiced not less than twenty-five years or until age sixty-five after a minimum of fifteen years of practice;
  - (2) submits evidence of completing not less than twenty-five hours of initial training with the charitable organization; and
  - (3) has been on the official inactive status list for not more than ten years.
- (B) A volunteer license is not transferable and authorizes the retired nurse to provide nursing services to others without remuneration of any kind. A separate application must be filed and a separate license must be issued for every charitable organization to which the retired nurse wishes to donate nursing services.
- (C) **A volunteer license may be renewed annually, except as otherwise provided in Section 40-1-50, upon application and satisfactory demonstration of continued competency or not less than twenty-five hours of service or additional training per year with the same charitable organization. A volunteer license may be renewed if the license has been renewed without interruption with the same charitable organization and all other qualifications have been met.**
- (D) The board may promulgate regulations to carry out the provisions of this section.



**SC VOLUNTEER NURSE RENEWAL APPLICATION**

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

SC Volunteer Nurse License # \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
First Middle Maiden Last

Mailing Address: \_\_\_\_\_  
Street/PO Box City State Zip

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

County: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Since you last renewed your license, have you:**

Have you ever been convicted pled guilty, or nolo contendere for violation of any federal, state, or local law, or do you have charges pending (other than minor traffic violation)?  Yes  No   
*(If yes, attach a detailed letter of explanation & have a state criminal background check sent directly to the SC Board of Nursing)*

Have you ever had any investigation, formal complaint, disciplinary action or consent order filed against you by any person, hospital, or nursing board in any jurisdiction?  Yes  No   
*(If yes, attach a detailed letter of explanation. Send a request to the board issuing the disciplinary action for a copy of the Final Order to be sent directly to the SC Board of Nursing.)*

Have you ever received disciplinary action by an employer for your job performance?  Yes  No   
*(If yes, attach a detailed letter of explanation.)*

Have you developed any disease or condition, physical, mental, or emotional, that might interfere with your ability to competently and safely perform the essential functions of practice as a nurse?  Yes  No   
*(If yes, attach a detailed letter of explanation. If you are currently enrolled in the Recovering Professional Program, you may answer "No" to this question )*

**CHARITABLE ORGANIZATION** (For which you currently donate services)

Name: \_\_\_\_\_

Address \_\_\_\_\_  
                                Street                                City                                State                                Zip

Telephone: \_\_\_\_\_ Fax : \_\_\_\_\_

**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

\_\_\_\_\_  
Date