

### South Carolina Board of Occupational Therapy

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## NOTARIZED SIGNATURE / PASSPORT PHOTO AFFIDAVIT THIS FORM IS FOR USE WITH ELECTRONIC APPLICATIONS ONLY

I,	nis application. I certify that I have never been
I have carefully read the questions within this ap without reservations of any kind, and I declare that all state to the best of my knowledge and belief.	<u> </u>
Should I furnish any false, incomplete, or misleaugree that such act shall constitute the cause for denial or	• • • • • • • • • • • • • • • • • • • •
Applicant's Signature:	Date:
Sworn to and subscribed me this day of	, 20
Notary Signature:	
Print Notary Name:	_
Notary Public for the State of:	
Commission Expiration Date:	Tape a recent 2 x 2
{Seal}	Passport Photo (Less than 6 months old)

Please note that any illegible documents will not be accepted. If your upload is found to be illegible you will be asked to mail in the supporting document.



# 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 thisday of, 20	
Notary Signature	
Print Name	
Notary Public for	

Rev: 02-02-2015

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)

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