



PRELIMINARY APPLICATION FOR PSYCHOLOGY LICENSURE

Include with your application:

- Check or money order in the amount of \$500 made payable to LLR-Board of Psychology. Application fee is 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 your social security card
- Notarized Verification of Lawful Presence (attached)
- Legal documentation for name change (marriage cert, divorce decree, etc.) (if applicable)
- Curriculum Vitae

Have submitted/emailed directly to the Board from the issuing agency to the above address:

- Out-of-state license verification, if applicable
- Official copy of your school transcript(s) from graduate program.
- Foreign graduates must provide an evaluation of their school transcript(s) by the Educational Credentials Evaluators, Inc.
- Graduates from a non-accredited college should also supply with their application:
 - Complete the Education Evaluation Form.
 - Description of graduate program; and
 - Course descriptions; and
 - Program information from a graduate bulletin.
- **Fingerprint Criminal Background Check – Effective June 1, 2024**
Instructions for the Criminal Background checks supported by fingerprints instructions will be sent once the Board has received your application. Do not have your CBCs processed until you receive the instructions. Fingerprint background check results are non-transferable between agencies/departments.

Following the approval of your Preliminary Application, you will be sent the Formal Application to complete. The Formal Application includes:

- A Pre-Doctoral Supervision form.
- A Post-Doctoral Supervision Contract (if applicable)
- A Post-Doctoral Supervisor's Report form.
- Professional Reference Form.

Note: The Post-Doctoral Supervision Contract must be submitted to and approved by the Board prior to beginning supervision. Any hours obtained prior to receiving confirmation of Board approval may be deemed ineligible.

APPLICANT INFORMATION

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

Have you ever had a legal name change? 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 Address: _____

Date of Birth: _____ Social Security No.: _____

Gender (For statistical purposes only): Female Male

CURRENT EMPLOYMENT INFORMATION

Business Name: _____ Business Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

OUT-OF-STATE LICENSURE

If you are or have previously been licensed in another state, request an official license verification to be emailed/mailed directly to the SC Board. Email: Contact.Psychology@llr.sc.gov.

State _____	License #: _____	Status of License: _____
State _____	License #: _____	Status of License: _____
State _____	License #: _____	Status of License: _____
State _____	License #: _____	Status of License: _____

EDUCATION:

Have your official transcripts mailed/ emailed directly to the board by the issuing institution. (Email to contact.psychology@llr.sc.gov.) The email transmission must come directly from the school.

1. Are you a graduate of a doctoral program in psychology, which was accredited by the American Psychology Association at the time of your graduation? Yes No
If no, complete the Education Review Form.

School: _____ Location (city/state or country): _____
Degree: _____ Date Degree Conferred: _____

School: _____ Location (city/state or country): _____
Degree: _____ Date Degree Conferred: _____

PERSONAL HISTORY QUESTIONS

Provide a written statement for any yes answers. Additional documentation may be required by the Board.

- 1. Has your psychology license ever been revoked, suspended, reprimanded, restricted, disciplined, or placed on probation by any professional licensing board or other entity? Yes No
- 2. Have you ever had an application to practice psychology denied or refused by another Psychology licensing board or other entity? Yes No
- 3. Have you ever resigned from any employment in lieu of disciplinary action? Yes No
- 4. Are you currently under investigation or the subject of pending disciplinary action by any board, health care facility or other entity? Yes No
- 5. Have you ever had a malpractice lawsuit, judgment filed against you or settled a malpractice claim? If yes, how many? _____ Yes No
- 6. Do you have any physical or mental disease or condition, including an addiction to drugs or alcohol, that currently interferes with your ability to competently and safely perform the essential functions of practice? (If you are voluntarily enrolled in the Recovery Professionals Program (RPP) and have remained in full compliance, you may answer 'No' with respect to any condition involving abuse of alcohol or drugs. If you have a physical or mental disease or condition that is appropriately being treated and does not currently impair your judgment or otherwise adversely affect your ability to practice, you may answer 'No.')
- 7. Have you ever been convicted, pled guilty or pled nolo contendere to a crime? Yes No

STATEMENT OF APPLICANT

Should I furnish any false information on this application or on any supporting document or material, I understand that such an act shall constitute cause for denial of my application or revocation of my license.

Applicant Signature

Date

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)



PSYCHOLOGY EDUCATION EVALUATION FORM

This form only needs to be completed by applicants that obtained their doctoral degree from a program that was not accredited by the American Psychology Association at the time of graduation.

Graduates from a non-accredited college should supply with their application:

- Description of graduate program,
- Course descriptions,
- Program information from a graduate bulletin.

School/College: _____ Date of Graduation: _____

Name of Program: _____ Department Name: _____

Program Director: _____

1. Was your doctoral degree obtained from an institution of higher learning that was regionally accredited at the time of your graduation? YES NO

If yes, provide the name of the accrediting organization: _____

2. Was your training program clearly identified and labeled as a psychology program? YES NO

3. Did your training program have identifiable faculty and a psychologist responsible for the program? YES NO

If yes, provide the name of the Program Director: _____

4. Did the curriculum of your program encompass at least, 3 years of full-time graduate study? YES NO

Dates of full-time graduate study: _____

5. Did your doctoral program involve one continuous year of full-time residency at the university from which the degree was granted? YES NO

Dates of full-time residency: _____

6. Describe any supervised practicum, internship, field laboratory training experiences which were included in your graduate programs and which you successfully completed. If your transcript does not reflect these experiences, please provide letters describing your practical experiences from the persons who supervised those experiences.

 PRACTICUM INTERNSHIP

Institution/Place of Employment: _____

Address: _____

Director of Program: _____

Major Supervisor: _____

From: (MM/YY) _____ To: (MM/YY) _____ Total Hours: _____

Did the internship include experience assessing and treating serious problems? YES NO

 PRACTICUM INTERNSHIP

Institution/Place of Employment: _____

Address: _____

Director of Program: _____

Major Supervisor: _____

From: (MM/YY) _____ To: (MM/YY) _____ Total Hours: _____

Did the internship include experience assessing and treating serious problems? YES NO

 PRACTICUM INTERNSHIP

Institution/Place of Employment: _____

Address: _____

Director of Program: _____

Major Supervisor: _____

From: (MM/YY) _____ To: (MM/YY) _____ Total Hours: _____

Did the internship include experience assessing and treating serious problems? YES NO

 PRACTICUM INTERNSHIP

Institution/Place of Employment: _____

Address: _____

Director of Program: _____

Major Supervisor: _____

From: (MM/YY) _____ To: (MM/YY) _____ Total Hours: _____

Did the internship include experience assessing and treating serious problems? YES NO

COURSEWORK DETAIL

The program you attended must be determined to be substantially equivalent to an APA accredited program including the successful completion of a core of training in specific content areas. In order to facilitate the evaluation of your transcript by the Board, please list those courses that, in your opinion, satisfy the requirement of a minimum of three (3) semester hours [or five (5) quarter hours] in each of the following areas:

- a. **biological bases of behavior** (e.g., physiological psychology, comparative psychology, sensation and perception, psychopharmacology)

Course Title	Course No.	Credit Hours	Institution Where Course Was Taken

- b. **cognitive affective bases of behavior** (e.g., learning, thinking, motivation, emotion)

Course Title	Course No.	Credit Hours	Institution Where Course Was Taken

- c. **social bases of behavior** (e.g., social psychology, group processes, organizational and systems theory)

Course Title	Course No.	Credit Hours	Institution Where Course Was Taken

- d. **Research Design Methodology**

Course Title	Course No.	Credit Hours	Institution Where Course Was Taken

e. **Psychometric Theory**

Course Title	Course No.	Credit Hours	Institution Where Course Was Taken

f. **Individual differences (e.g., personality theory, human development, abnormal psychology)**

Course Title	Course No.	Credit Hours	Institution Where Course Was Taken

g. **Statistics**

Course Title	Course No.	Credit Hours	Institution Where Course Was Taken

h. **Scientific and professional ethics and standards**

Course Title	Course No.	Credit Hours	Institution Where Course Was Taken

i. **Assessment/Evaluation (e.g., psychological testing, program evaluation, and organizational analysis)**

Course Title	Course No.	Credit Hours	Institution Where Course Was Taken

j. **Treatment/intervention** (e.g., therapy, consultation, and evaluation)

Course Title	Course No.	Credit Hours	Institution Where Course Was Taken

k. **History and Systems of Psychology**

Course Title	Course No.	Credit Hours	Institution Where Course Was Taken