



## **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](http://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.

### **Remember**

- Complete the attached reinstatement/ reactivation application. Applications completed in pencil will be returned.
- Complete the Affidavit of Eligibility and have executed by a notary public.
- Cashier's check, money order or personal check made payable to LLR-Board of Nursing. Credit cards or debit cards are not accepted.
- Complete the Criminal Background Check process.
- Notify the Board immediately of a name or address change.
- 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 requirement. (Please refer to attached competency requirement)
- Applications are maintained for one year; all fees are non-refundable.
- Any questions regarding endorsement should be directed to the SC Board of Nursing at (803) 896-4550.
- **Check the status of your application online at [www.llr.state.sc.us/pol/nursing](http://www.llr.state.sc.us/pol/nursing).**
- Allow 10-12 business days for processing before contacting the board regarding the status of your application.



South Carolina Department of Labor, Licensing and Regulation  
**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/](http://www.llronline.com/POL/nursing/)



## **Criminal Background Check (CBC)**

Effective March 2, 2009, 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.

This process requires you to furnish a full set of fingerprints and additional information required to enable a criminal history background check to be conducted by the State Law Enforcement Division (SLED) and the Federal Bureau of Investigation (FBI). The cost of conducting a criminal history background check is \$54.25.

To schedule an appointment online with L-1 Enrollment Services (L-1), please visit <https://www.L1enrollment.com> or call 1-866-254-2366 for assistance in scheduling your CBC.

South Carolina applicants will need to show one (1) form of identification - South Carolina State Issued Photo Drivers License.

For out of state applicants who do not hold a South Carolina State Issued Photo Drivers license, you will need to submit two (2) forms of identification from the list below:

- State issued photo Drivers License
- Social Security Card
- Passport
- Birth Certificate
- Marriage License

If you are a non-resident of South Carolina and reside in an area where no L-1 Enrollment Services /IBT fingerprinting centers are available, please follow the Non-Resident Card Scan Processing Procedures on the next page.

Click here or visit webpage <https://www.L1enrollment.com> to see if your state has L-1 Enrollment Services /IBT fingerprinting centers.

**Do not return fingerprint card or fingerprint processing fee to the Board.**



**Do not return fingerprint card or fingerprint processing fee to the Board.**

**Non-Resident Card Scan Processing Procedures**

Applicants who reside outside of South Carolina may use L-1's Card Scan Processing Program. This program utilizes advanced scanning technology to convert a traditional fingerprint card (hard card) into an electronic fingerprint record. Converting a "hard card" into an electronic record enables an applicant to have their fingerprint record processed as quickly as if they had traveled to an electronic fingerprint processing location. The section below details the procedures for submitting fingerprints to the Card Scan Processing Unit.

***South Carolina Licensing and Certification***

- Applicants should obtain a set of fingerprints from a local law enforcement agency or other entity that provides fingerprinting services. These fingerprint cards may be either traditional ink rolled fingerprints or electronically captured and printed fingerprint cards.
- Fingerprints may be submitted on FBI applicant cards.
- FBI applicant cards are available from the state agency requiring you to be fingerprinted (i.e. Department of Education, Insurance, Labor, Licensing, and Regulation, etc.). Please contact those licensing and certifying agencies directly to obtain fingerprint cards. *Due to agency specific information, L-1 does not provide fingerprint cards to applicants.*
- Applicants need to make sure the fingerprint card is completely filled out. Required information includes: ORI number, full name, social security number, date of birth, home address, sex, height, weight, hair color, eye color, place of birth (state or country only), citizenship, and reason fingerprinted.
- The ORI number and Reason Fingerprinted that must be used for on the fingerprint card should be provided by the licensing or certifying agency. (For South Carolina Nursing Licensure use ORI # SC920112Z)
- **Failure to completely fill out the information on the fingerprint card will result in the card being returned to the applicant, which will delay the licensing process.**
- The fully completed card, along with the appropriate fee (indicated in the application packet) should then be mailed to the following address:

*IBT  
ATTN: SC CARD SCAN  
1650 WABASH AVE SUITE D  
SPRINGFIELD IL 62704*

Please include a daytime telephone number where the applicant can be reached if we have a question about the fingerprint card.

- Please include the full name of the applicant on each check or money order.
- ***Do not send completed certification or licensing applications to L-1***; these documents should be returned to the state agency that will be issuing the license.
- Applicants wishing to verify that a fingerprint card has been processed may call 866-254-2366 and speak with a customer service representative.





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](http://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.

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

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 - \$70.00
- RN/LPN Reinstatement with refresher course - \$80.00
- RN/LPN Reactivation of inactive license - \$50.00
- RN/LPN Reactivation with refresher course - \$60.00
- RN/LPN Reinstatement of Disciplined license - \$170.00

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

**Since you obtained initial licensure or last renewed your license in South Carolina, have you:**

1. Been convicted, pled guilty, or pled nolo contendere for violation of any federal, state, or local law, or do you have charges pending (other than a minor traffic violation)? Yes    No  
If yes, attach a detailed letter of explanation along with a criminal records check from the state(s) in which you were convicted.
  
2. 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 with your application. Send a request to the board issuing the disciplinary action for a copy of the final order to be sent directly to the S.C. Board of Nursing.
  
3. Received disciplinary action by any employer for your job performance? Yes    No  
If yes, attach a detailed letter of explanation with your application.
  
4. 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? (If you are currently enrolled in the Recovering Professional Program, you may answer "No" to this question.) If yes, attach a detailed letter of explanation with your application. Yes    No
  
5. Have you practiced nursing, using your South Carolina license, since the license status was placed inactive/lapsed? Yes    No
  
6. Has your nursing license been disciplined by any state since you last renewed your South Carolina license? Yes    No
  
7. Are you employed as a nurse at this time? Yes    No
  
8. 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

**Remember to:**

- Complete and answer all questions. Sign, date and have your application notarized.
- Complete the Affidavit of Eligibility and have executed by a notary
- Sign, date your photo and tape along top edge only onto your application. Black and white photos are acceptable.
- Provide continued competency documentation.
- Complete Criminal Background Check Process
- Money order, cashier's check or personal check made payable to LLR-Board of Nursing. Credit cards or debit cards are not accepted.

\* The Social Security Number (SSN) is not subject to disclosure as public information. The disclosure of the SSN for identification purposes is authorized and mandated by federal statutes requiring state board to report to the Healthcare Integrity and Protection Data Bank (HIPDB) and the National Practitioner (NPDN), among other things.



South Carolina Department of Labor, Licensing and Regulation  
PO Box 12367  
Columbia, SC 29211

**AFFIDAVIT OF ELIGIBILITY**

Pursuant to Section 8-29-10 SC Code of Law, **ALL** applicants for a South Carolina license after July 1, 2008 are required to complete and sign this Affidavit of Eligibility.

**Section A: LAWFUL PRESENCE in the United States.**

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I, (please print your full name) \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1.  I am a United States citizen or legal permanent resident eighteen years of age or older; or
2.  I am not a US citizen but am lawfully present in the US as evidenced by one of the following
  - a.  I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
  - b.  I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.
3.  I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
  - a.  I am a US citizen, not physically present or employed in the United States.
  - b.  I am a Foreign National, not physically present or employed in the United States.

*If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.*

**Section B: Secure and Verifiable Document.**

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*This section must be completed if you checked number 1 or 2 in Section A.*

1. Please check one of the following acceptable secure and verifiable documents. Complete documentation must be provided **upon request only**.
  - Any South Carolina Driver License, South Carolina Driver Permit or South Carolina Identification Card, expired less than one year.
  - Out-of-state issued photo Driver's License or photo identification card, photo driver's permit expired less than one year. **State:** \_\_\_\_\_
  - Valid Temporary Resident Card
  - Certificate of Naturalization with intact photo
  - Certificate of (US) Citizenship with intact photo
  - Other: (Name of verifiable document) \_\_\_\_\_

2. Social Security Number \_\_\_\_\_
3. Enter the state or the federal agency name where this secure and verifiable document was issued. \_\_\_\_\_  
(If issued by a state agency, include both the state and agency name.)
4. What is the secure and verifiable document number? \_\_\_\_\_
5. What is the expiration date of your secure and verifiable document? \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

(If you hold a document without an expiration date, such as a military ID or naturalization certificate, write N/A.)

**Section C: Attestation.**

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- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States. I may also be required to provide proof of lawful presence.
- I understand that in accordance with section 8-29-10 false statements made herein are punishable by law. I state under penalty of perjury that the above statements are true and correct.
- I am the person identified above and 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.
- I understand that the above information must be disclosed to the Department of Labor, Licensing and Regulation upon request and is subject to verification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your name as shown on your secure and verifiable document.

Professional License Type: \_\_\_\_\_

License Number (if already licensed): \_\_\_\_\_

*The South Carolina Code of Laws requires that every individual who applies for an occupational or professional license provide a social security or alien identification 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.*

## **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 at least one of the requirements in subsection (B) during the preceding two years.

**Failure to comply with applicable continued competency requirements results in nonrenewal or denial of the application.**

A licensee shall maintain all documented evidence of compliance for at least four years. This documented evidence must be presented by the licensee within five business days of request by a representative of the department acting in its discretion or in accordance with a random audit of a sample of licensees. Failure to provide satisfactory documented evidence of compliance within the prescribed time results in the immediate temporary suspension or cancellation of the license pending compliance with all requirements for licensure and until order of the board.

