



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/)



**EMPLOYER CERTIFICATION**

**Verification of Competency and Nursing Practice Hours Worked**

'Competence' 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. [Nurse Practice Act §40-33-20 (22)]

I hereby authorize the release of this information to the South Carolina Board of Nursing.

\_\_\_\_\_  
Licensee/Employee Date

\_\_\_\_\_  
Nurse Licensee Name & Title has worked \_\_\_\_\_ hours  
Nursing Practice Hours

during the period of \_\_\_\_\_ through \_\_\_\_\_ and has performed his/her duties competently.

\_\_\_\_\_  
Employer / Representative Signature

\_\_\_\_\_  
Date

Employer Contact Information

\_\_\_\_\_  
Printed Employer / Representative Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Direct Telephone Number

\_\_\_\_\_  
E-Mail Address

- Initial Licensure
- Reinstatement/Reactivation
- Renewal

Select the option that fits your intended use for this form.