

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION  
BOARD OF EXAMINERS IN PSYCHOLOGY  
Office of Licensure and Compliance**

**2009-2011 BIENNIAL RENEWAL FORM**

Name: \_\_\_\_\_ Psychologist License # \_\_\_\_\_

**Renewal Instructions**

1. **Complete all questions and blanks on this renewal application. If an item is not applicable, answer N/A.** Please make any necessary changes to addresses, congressional districts, etc and provide any additional information as requested.
2. Incomplete renewal forms will be returned, and **if not postmarked on or November 30, 2009, will result in a \$50 late fee.**
3. Make check payable to S.C. Board of Examiners in Psychology. **Mail completed renewal form and biennial fee of \$300 to: S.C. LLR Office of Licensure & Compliance, 110 Centerview Drive, PO Box 12517, Columbia, SC 29211-2517.**
4. **A \$50 late fee will be added for renewals postmarked Dec. 1, 2009 to Feb. 1, 2010.** Licenses not renewed by Feb. 1, 2010, will be lapsed with the Board. Visit the boards Web page at [www.llr.state.sc.us/POL/psychology](http://www.llr.state.sc.us/POL/psychology).

**Home Address**

**Work Place and Address**

**Mailing Address**

\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Congressional District: \_\_\_\_\_ Congressional District: \_\_\_\_\_

**Current Activities:** Please provide a brief, specific description of current full-time employment and professional activities in psychology.

\_\_\_\_\_  
\_\_\_\_\_

**Supervision of Unlicensed Persons:** Do you employ and/or supervise unlicensed persons who perform psychological services?  Yes  No

If "Yes", download a copy of the "Report of Supervised Persons" from the Application/Forms section of the Board's Web site.

**Current Activity Status (check only one):**

Currently Practicing Profession       Not Currently Practicing Profession       Retired

**Current Practice Setting:**

College or Univ       Fed Civilian Hlth Facility       Freestanding Clinic/Mental Hlth       Hospital       Private Office       School or College of Med  
 Elem or High School       Fed Military Hlth Facility       Group Assigned to Hospital       MD's Office       Psychiatric Hospital       State Corrections/DYS

**Current Form of Practice:**

County Govt       Local Govt       Self-Partner, Group       Self-Employed, Solo  
 Federal Govt       Other Private Employer       State Govt       Other: \_\_\_\_\_

**Continuing Education (CE) Information:** Each licensee is required to obtain a minimum of 24 hours of CE during this biennial renewal period. A minimum of 12 CE credits must be accumulated from Category A offerings (formal educational activities) and a maximum of 12 CE credits can be accumulated from Category B offerings (more informal educational activities). A licensee may earn all of his/her CE credits from Category A experiences (refer to **Regulations, Chapter 100-10** at the Laws/Policies section of the Board's Web site). **You will not be required to list CE activities during this renewal;** however, the Board will conduct a random, mandatory annual audit of CE at which time licensees must provide completed CE documentation and certificates to the Board.

**Affirmation of Continuing Education:** I affirm that I have obtained a minimum of 24 approved CE credits (a minimum of 12 CE credits from Category A offerings and a maximum of 12 CE credits from Category B offerings) during this renewal period, December 1, 2007 to November 30, 2009.

Yes  **Do not send CE certificates with this renewal form.**

**If you answer "YES" to a question below, a detailed letter of explanation, along with the documentation indicated after each question, must be submitted.**

1. Since you last renewed your license, have you been arrested, indicted or convicted, pled guilty or pled nolo contendere for violation of any federal, state or local law (other than minor traffic violations)?  Yes  No
2. Since you last renewed your license, have you had a license denied, restricted or disciplined by any other licensing board or national certifying body?  Yes  No
3. Since you last renewed your license, have you had any mental, emotional, and/or physical disease or condition, including alcohol or other substance abuse, that may presently interfere with your ability to competently and safely perform the essential functions involved in this profession?  Yes  No
4. Since you last renewed your license, have you been addicted to or used in excess any drug or chemical substance including alcohol, or been treated for a drug or alcohol addiction or participated in a rehabilitation program?  Yes  No

**\*If your name has changed, please provide the Board with a copy of the legal document.**

**I hereby swear/affirm I have read all questions on this renewal application and have answered truthfully, accurately and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license.**

Print Name \_\_\_\_\_ License No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_