



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Examiners in Speech-Language Pathology and Audiology

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4655 • Contact.Speech@llr.sc.gov • Fax: 803-896-4719

llr.sc.gov/aud

APPLICATION FOR REINSTATEMENT OF LICENSE

Submit the following with your application to the above address:

- Check or Money Order only, in the amount of \$210 made payable to S.C. Board of Speech-Language Pathology and Audiology. 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 Social Security card
• 2x2 Passport Photo taken less than 6 months prior to the application

Have submitted directly from the institution to the Board.

- License Verification from out-of-state Board (If applicable)
• ASHA Certification (If applicable)

TYPE OF LICENSURE

[] SPEECH LANGUAGE PATHOLOGY (SLP) [] AUDIOLOGY (AUD)

ASHA CERTIFICATION (If applicable):

[] SLP Expires: _____ Member No.: _____

[] AUD Expires: _____ Member No.: _____

Note for SC Residents: To find your Congressional District you may go to: http://www.scstatehouse.gov/legislatorssearch.php

APPLICANT INFORMATION

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

Have you ever legally changed your name? [] Yes [] No Former Name: _____

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ City: _____ State: _____ Zip: _____ District: _____
Congressional District (SC Residents Only)

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different than above)

Phone No.: _____ Email Address: _____

Social Security No.: _____ Date of Birth: _____

EMPLOYMENT HISTORY

List your previous five (5) years SLP/A employment history; attach additional sheet if necessary.

Table with 4 columns: Employer, Site Location (City, State), Title, Dates. Contains 3 empty rows for data entry.

OTHER PROFESSIONAL LICENSES

List all states in which you have been licensed in as a Speech Language Pathologist or Audiologist; regardless of status: Active, Inactive, Expired, etc. You are required to contact each State Board and request a License Verification to be sent directly to our Board at the above listed address. We will accept a state board issued form. Attach additional sheet if necessary.

| State | Type of License | License No. | Date of Initial Licensure | Expiration Date | Status of License (Active, Lapsed, Disciplined, etc) |
|-------|-----------------|-------------|---------------------------|-----------------|--|
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PERSONAL HISTORY

Answer all the questions below; you are required to include a written statement with your application for any questions marked “Yes”. If you answer “Yes” to an arrest or conviction you will need to have the court mail, directly to our office, the disposition and you will need to have a Statewide Background check mailed in directly from the law enforcement agency.

Since you were last actively licensed with the SC SLPA Board:

1. Have you been notified to appear or appeared before any professional or occupational licensing Jurisdiction/agency for a hearing or complaint? Yes No
2. Have you had a license denied, suspended, revoked, disciplined or restricted by any professional or occupational licensing agency for any reason? Yes No
3. Have you resigned from employment or surrendered a professional or occupational license in lieu of disciplinary action? Yes No
4. Are you a habitual user of alcohol or any other drug to a degree which prohibits you from safely practicing as a Speech Pathologist or Audiologist? Yes No
5. Is your ability to practice speech pathology or audiology presently impaired by any disease, physical, mental or emotional condition? Yes No
6. Have you been convicted of or plead guilty or nolo contendere to a felony of any kind or to a non-felony crime involving drugs, alcohol or moral turpitude (you may exclude minor traffic violations, juvenile and/or expunged violations)? If yes, you will need to submit a statewide background check from the state where the incident occurred, court disposition and any other legal documentation. Yes No

CERTIFYING STATEMENT

I, _____, am the person described and identified and the person named in all documents presented in support of this application. I certify that I have never been convicted of violating any Federal, State, Municipal or other law statute or ordinance, other than as disclosed as required within this application.

I have carefully read the questions within this 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 to the best of my knowledge and belief.

Should I furnish false, incomplete, or misleading information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license in South Carolina.

Applicant Signature

Date

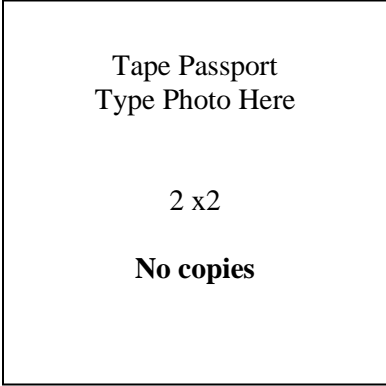
Sworn to and subscribed to me this _____ day of _____, 20_____

Signature of Notary Public: _____

Print Name of Notary: _____

Notary Public for the State of: _____

My Commission Expires: _____



(Seal here)

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)