



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Nursing
 110 Centerview Dr. • Columbia • SC • 29210
 P.O. Box 12367 • Columbia • SC 29211-2367
 Phone: 803-896-4550 • NURSEBOARD@llr.sc.gov • Fax: 803-896-4515
 llr.sc.gov/nurse

REQUEST FOR INACTIVE STATUS

This application may be submitted by either mailing to the above address with the fee in the form of a check or money order (no cash) in the amount of **\$15** made payable to LLR-Board of Nursing. (All fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)

OR

Logging into your E-Services account to upload the completed application and pay the \$15 fee electronically:
<https://eservice.llr.sc.gov/documentsubmission/>

SECTION 40-33-41 – Request for inactive status

Upon request on a form provided by the board, the board shall place a person on the official inactive status if the person is currently licensed under this chapter and does not meet the minimum continued competency requirement for renewal or wishes to retire from practice. While on inactive status the person is not subject to the payment of any renewal fees and must not practice nursing in this State. To apply for reinstatement, the person shall submit a reinstatement application, complete a criminal background check, pay a reinstatement fee for the current period, and demonstrate continued competency as defined in regulation. The board may deny reinstatement based on evidence of unlawful acts, incompetence, unprofessional conduct, or other misconduct.

Choose one option:

- Inactive LPN Inactive RN Inactive APRN
- Inactive/Retired LPN Inactive/Retired RN Inactive/Retired APRN

APPLICANT INFORMATION:

South Carolina Nursing License No.: _____ RN LPN APRN

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

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

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

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

Phone: _____ Email Address (required): _____

I wish to place my South Carolina Nursing License on Inactive or Inactive/Retired Status. I understand that “to apply for reinstatement, the person shall submit a reinstatement application, a background check, pay a reinstatement fee for the current period, and demonstrate continued competency as defined in regulation. The board may deny reinstatement based on evidence of unlawful acts, incompetence, unprofessional conduct, or other misconduct.” [§40-33-41 of the Nurse Practice Act]

Signature

Date