

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING, AND REGULATION  
BOARD OF EXAMINERS FOR COUNSELORS, THERAPISTS, & PSYCHO-EDUCATIONAL SPECIALISTS**

**Office of Licensure and Compliance  
P.O. Box 12517, Columbia, SC 29211-2517  
Telephone number (803) 896-4501**

**2009 RENEWAL APPLICATION**

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

**Renewal Instructions**

- Complete the application below or renew online at <https://renewals.llronline.com>. *You must have your user ID and Password to renew online.***
- Answer all the questions on this renewal form. Sign the form. **Incomplete forms will be returned. Make check payable to: SC Board of Counselors.** You may write one check if you have more than one license but must submit renewal form for each license. Fees are non-refundable.
- Mail completed renewal form (s) and correct fee to: SC Board for Counselors, Office of Licensure & Compliance, PO Box 12517, Columbia, SC 29211-2517. **Renewals are due on or before August 31, 2009.**
- Please call (803) 896-4501 if you have questions or visit our website at [www.llr.state.sc.us/pol/counselors](http://www.llr.state.sc.us/pol/counselors).

<u>Home Address</u>	<u>Work Place and Address</u>	<u>Mailing Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Phone: _____	Phone: _____	Phone: _____
Fax: _____	Fax: _____	Fax: _____
E-mail: _____	E-mail: _____	E-mail: _____
Congressional District: _____	Congressional District: _____	_____

**Fee Schedule for Biennial Licensure Renewal:** (License fees are not pro-rated for multiple licenses.)

- Licensed Professional Counselor** renewed on or before August 31, 2009, fee is \$150.
- Licensed Professional Counselor Supervisor** renewed on or before August 31, 2009, fee is \$100.
- License Marriage and Family Therapist** renewed on or before June 30, 2009, fee is \$150.
- License Marriage and Family Therapist Supervisor** renewed on or before August 31, 2009, fee is \$100.
- License Psycho-Educational Specialist** renewed on or before June 30, 2009, fee is \$150.
- After August 31, 2009**, a late fee of \$50 will be assessed PER LICENSE thru 11/30/2009.
- After November 30, 2009**, the license is lapsed and must be reinstated with a fee of \$300 per license.

**IF YOU ANSWER "YES" TO QUESTIONS 1 – 4 BELOW, A DETAILED LETTER OF EXPLANATION, ALONG WITH THE DOCUMENTATION INDICATED AFTER EACH QUESTION MUST BE SUBMITTED.**

- Since your last application for renewal of 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
- Since you last renewed your license, have you had a license denied, restricted or disciplined by any licensing board or national certifying body?  Yes  No
- Since you last renewed your license, have you had any mental, emotional, and/or physical disease or condition, including alcohol or other substance abuse, which may presently interfere with your ability to competently and safely perform the essential functions involved in this profession?  Yes  No
- 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
- Continuing Education Hours Schedule for 9/01/2007 to 8/31/2009 and Statements of Compliance:** Biennial CE hours are 40 CE hours each for LPC, LMFT, and LPES or 25 formal (face-to-face attendance) CE hours per license type for multiple license holders of LPC, LMFT, and LPES. Biennial CE hours are 10 CE hours each for LPC/S and LMFT/S or 5 formal CE hours for each license type for dual supervisor license holders. (CE hours will be pro-rated for new licenses issued during this renewal period and the # of hours was indicated on the approval for licensure letter.) **Do not submit CE documentation at this time.**
  - Have you completed the required number of CE hours for this license for the renewal period?  Yes  No
  - Enter the actual number of CE hours you have obtained for this license. \_\_\_\_\_
  - Have you practiced your licensed profession in SC since September 1, 2009?  Yes  No

I HEREBY swear/affirm I have read all questions on this renewal form 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.

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