

STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS
PROFESSIONAL EMPLOYER ORGANIZATIONS



Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 40-68-10 et seq.
www.consumer.sc.gov
(803) 734-4200

Street Address
293 Greystone Blvd., Suite 400
Columbia, SC 29210

**2025-2026 PROFESSIONAL EMPLOYER ORGANIZATION
CONTINUING EDUCATION COMPLIANCE**

Controlling Person: _____

Current Position: _____

PEO/ PEO Group: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Fax No. _____

E-Mail Address: _____

COURSE ATTENDANCE TRANSCRIPT

Please complete the schedule below showing all courses attended from October 1, 2025 to September 30, 2026. Since eight hours* of continuing education may be carried forward from the preceding twelve month period, you may also list any courses taken between the dates of October 1, 2024 and September 30, 2025 that have not been listed on a prior report.

For classes that are not provided by the Department, the National Association of Professional Employer Organizations or the Carolina Chapter of PEOs, please attach a copy of the course description and a certificate of completion or other proof of course attendance.

**50 minutes of classroom time is equivalent to one hour of continuing professional education*

Course Sponsor	Course Date	Name of Course	Total Hours Attended

AFFIDAVIT

I swear or affirm and certify that I have provided all information required on this form, and to the best of my knowledge and belief, all information contained herein is true, correct and complete; and that there are no material omissions of fact. I further certify that I understand that giving false information constitutes cause for revocation of my license and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes.

Signature

Date

Type or Print your name and Title

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20_____

(SEAL)

Notary Public For _____

My Commission Expires:

The completed Application should be submitted to:

South Carolina Department of Consumer Affairs

Attn: PEO Licensing

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Do not fax this form. An original, signed and notarized form is required.

The South Carolina Freedom of Information Act may require the Department of Consumer Affairs to release this form as a public record; however personal identifying information will be released only if required by law.