



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



Mailing Address

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

**CREDIT COUNSELOR
APPLICATION INSTRUCTIONS**

S.C. Code Ann. § 37-7-101 et seq.
www.consumer.sc.gov

Street Address

2221 Devine St., Ste. 200
Columbia, SC 29205-2418

SOUTH CAROLINA CONSUMER CREDIT COUNSELING ACT: A **Credit Counseling Organization** and its **Credit Counselors** serving South Carolina debtors must be licensed. A **Credit Counselor** is an employee or agent of a **Credit Counseling Organization** engaging in credit counseling services.

Credit Counseling Services means (1) receiving or offering to receive funds from a consumer for the purpose of distributing the funds among the consumer's creditors in full or partial payment of the consumer's debts; or (2) improving or offering to improve a consumer's credit record, history, or rating; or (3) negotiating or offering to negotiate to defer or reduce a consumer's obligations with respect to credit extended by others.

*Complete the Credit Counselor License Application and any additional forms in their entirety. Incomplete, illegible, or faxed applications will not be accepted. Incomplete information could result in the delay or denial of your application. Please **print or type** the application information.*

CRIMINAL RECORD CHECK: All counselors must request a criminal record check from the State Police of the State of the individuals' residence, unless otherwise stated or prohibited by law. The report **must be forwarded directly from the State Police** to the Department of Consumer Affairs. **For South Carolina residents, visit www.sled.sc.gov.**

FEES: *All fees must accompany the application.*

- **Application Fee - \$40** must be sent with the application. All licenses expire annually on December 31st.

CONTINUING EDUCATION: Twelve (12) hours of Continuing Professional Education (CPE) must be earned by December 31st of every other year of licensure (every 2nd renewal/ even-numbered renewal). NO CPE is required for initial licensing.

MAKE CHECKS PAYABLE TO:

South Carolina Department of Consumer Affairs

SEND COMPLETED APPLICATIONS TO:

**SCDCA
Legal Division: Credit Counseling
P.O. Box 5757
Columbia, SC 29250-5757**

QUESTIONS:

James C. Copeland, Staff Attorney ~ 803-734-0375

jcopeland@scconsumer.gov

Deborah Friday, Program Coordinator ~ 803-734-4209

dfriday@scconsumer.gov



**STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS
CREDIT COUNSELOR LICENSE APPLICATION**



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

S.C. Code Ann. § 37-7-101 through - 122.
www.consumer.sc.gov
803-734-4200

Street Address
2221 Devine St., Ste. 200
Columbia SC 29205-2418

DO NOT FAX THIS FORM
(An original, signed and notarized form is required)

Print legibly or type information requested on the form in its entirety. If any of the basic information on this form changes, submit an Application Update/Change Form to the department. Incomplete information could result in delay or denial of your application. When completing the application, attach additional page(s) as necessary.

1. Company Name: _____
(Current Employer)

2. Address(es) Where Employed: _____
(Street) (City) (State) (Zip Code)
*All addresses where employed must be listed. Attach additional page(s) as necessary.

3. Your Legal Name: _____
(Last) (First) (Middle)
Have you been known by any other name? YES NO If yes, state the name: _____
(Ex. Maiden name, etc.)

4. Business Relationship or Title: _____ Percentage of Ownership _____

5. Resident Address: _____ How long at this address? _____
(Street)

(City) (State) (Zip Code) (County)

6. Work Telephone Number: () - _____ Home Telephone Number: () - _____
Fax Number: () - _____ E-Mail Address: _____

7. Date of Birth: / / _____ SSN: - - _____

8. Educational Background

School	Address	Dates Attended	Degree Earned
1.			
2.			
3.			
4.			

- | | YES | NO |
|--|--------------------------------|--------------------------|
| 18. Is disciplinary action pending against you in any jurisdiction? Provide details, including the name of the agency and status of the action. | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do you currently hold, or have you in the past held, any license issued by the State of South Carolina? (Do not include your driver's license.) If yes, attach a copy of the license(s). | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you read and are you familiar with State and Federal Credit Laws, such as the Fair Credit Reporting Act, 15 U.S.C. §1681 <u>et seq.</u> , Fair Debt Collection Practices Act, 15 U.S.C. § 1692 <u>et seq.</u> , and Bankruptcy Abuse Prevention and Consumer Protection Act of 2005, U.S. Public Law 109-8? | <input type="checkbox"/>
** | <input type="checkbox"/> |
| 21. Have you read and are you familiar with the Consumer Credit Counseling Act, <u>S.C. Code Ann. § 37-7-101 et seq.</u> ? | <input type="checkbox"/>
** | <input type="checkbox"/> |

** required for all Counselors

22. **Other Attachments** (Please use the checklist below to verify your application is complete)

INCOMPLETE INFORMATION COULD RESULT IN DELAY OR DENIAL OF YOUR APPLICATION

\$40.00 Application/Renewal Fee

CHECK
HERE

Request a Criminal History Check from the State Police in your place of residence. The report must be sent directly to the Department, unless otherwise prohibited by law.

I swear or affirm and certify that I have completed and/or reviewed all information on this form and that all information contained herein is true, current and correct. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application 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. Additionally, **I acknowledge that pursuant to S.C. Code 37-7-101 through -122, a criminal records check is required for all applicants.**

Signature of Credit Counselor

Type or Print your name

SWORN TO AND SUBSCRIBED before me
this _____ day of _____, 20__

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.

Notary Public For _____

My Commission Expires: _____