

**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](http://www.consumer.sc.gov)  
(803) 734-4200

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

**2020-2021 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, 2020 to September 30, 2021. 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, 2019 and September 30, 2020 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.**