South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Medical Examiners
110 Centerview Dr • Columbia • SC• 29210
P.O. Box 11289 • Columbia • SC• 29211
Phone: 803-896-4500 • Medboard@llr.sc.gov • Fax: 803-896-4515
www.llronline.com/POL/Medical/

Adding Alternate Physicians Form for Physician Assistants

Physician Assistant Name	Signature	License Number	Date
Primary Supervising Physician Name	Signature	License Number	Date

Practice Name and Address: _____

_____

_____

Please add the following physicians as alternate supervising physicians for the Physician Assistant listed above. If adding more than ten alternate supervising physicians, please duplicate this form as needed.

Alternate Physician's Name	**License #**	**Signature**	**Date Signed**
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please keep a copy for your records and provide a copy to your supervising and alternate supervising physicians.