



**PERSONAL DATA**

**\*\* If you are currently enrolled in the Recovering Professional Program (RPP), you may answer “No” to this question.**

Since you last applied with this office for your Academic License:

**Answer Yes or No**

- 1. Has your medical license been revoked, suspended, reprimanded, restricted or placed on probation by any medical licensing board or other entity? Yes  NO
- 2. Have you had an application to practice medicine denied or refused by another medical licensing board or entity? Yes  NO
- 3. Have you had hospital privileges denied, revoked, suspended or restricted in any way? Yes  NO
- 4. Have you voluntarily surrendered a medical license, controlled substance registration or DEA registration? Yes  NO
- 5. Have you resigned from any hospital, institution or health care facility in lieu of disciplinary action? Yes  NO
- 6. Are you currently under investigation or the subject of pending disciplinary action by any medical licensing board, health care facility or other entity? Yes  NO
- 7. Is your medical license currently restricted in any way by any medical licensing board, or other entity? Yes  NO
- 8. Have you had a malpractice lawsuit, judgment or settlement filed against you? If so, how many?  
\_\_\_\_\_ Yes  NO
- 9. Are you currently being treated for any physical, mental, or emotional condition that might interfere with your ability to competently and safely perform the essential functions of practice as a physician?\*\*\* Yes  NO
- 10. Do you have any mental illness (e.g. bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder) or any physical illness or condition that might interfere with your ability to competently and safely perform the essential functions of the practice of medicine?\*\*\* Yes  NO
- 11. Has your ability to practice medicine ever been impaired by any physical or mental illness or by the use of alcohol or drugs? Yes  NO
- 12. Have you discontinued the practice of medicine for three consecutive months or more? Yes  NO
- 13. Has your ability to prescribe controlled substances been denied, revoked, suspended or limited by any hospital, health care facility or other entity? Yes  NO
- 14. Have you been convicted, pled guilty or pled *nolo contendere* for violation of any federal, state or local law (other than a minor traffic violation)? Yes  NO
- 15. Have you ever been known by any other name or surname? Yes  NO

**NOTE: If you answered “Yes” to any of the above questions (1-15), you must attach a full written explanation pertaining to that particular question.**

I have carefully read all questions in this application and have answered them fully, accurately, and completely. I hereby agree that my failure to answer all questions or make full disclosure of any facts or information called for in this application shall constitute cause for the denial of my application or for the revocation of my license to practice medicine in South Carolina. I hereby authorize the Board of Medical Examiners of South Carolina to utilize my Social Security Number in making necessary reports to the Federation of State Medical Boards’ Physician Data Center for compilation of information about applicants and licensees in order to coordinate licensure and disciplinary activities between the individual States’ licensing boards, and to federal and state entities, as required by law.

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby recommend the renewal of this Academic License.

Dean’s Signature \_\_\_\_\_ Date \_\_\_\_\_