



**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

www.llronline.com/POL/Medical/

Phone: 803-896-4500 • Medboard@llr.sc.gov • Fax: 803-896-4515



RCIS Renewal Application

CIS Renewal Application for: _____ **Profession: CIS License # :** _____

Renewal Instructions

1. Complete all questions and blank spaces on pages one and two of this Cardiovascular Invasive Specialist renewal application. If an item is not applicable, answer "N/A."
2. If your name has changed, please provide the Board with a copy of the legal document.
3. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
4. Mail completed application and biennial renewal fee of (\$80.00) to:

Registered Cardiovascular Invasive Specialist Renewal

LLR, S.C. Board of Medical Examiners

P.O. Box 11289

Columbia, S.C. 29211-2517

If you have any questions, please visit our webpage: www.llronline.com/POL/Medical/

Home Address:

Business Address

Mailing Address:

Phone: _____

Phone: _____

Issue Date: _____

Fax: _____

Fax: _____

E-Mail: _____

E-Mail: _____

Congressional District: _____

Congressional District: _____

Activity Status (check only one). Previously Reported:

- 01| Currently practicing profession 02| Not currently practicing profession 18| Out of State 08| Retired

Primary Setting of Practice (Where patients are seen initially) Previously Reported:

- | | | |
|--|--|---|
| <input type="checkbox"/> 11 Hospital, Non-Federal General | <input type="checkbox"/> 23 Hospital, Non-federal psychiatric | <input type="checkbox"/> 24 Hospital, Non-federal rehab |
| <input type="checkbox"/> 21 Federal, Military Health Facility | <input type="checkbox"/> 22 Federal, Non-military Health Facility | <input type="checkbox"/> 13 Freestanding outpatient clinic |
| <input type="checkbox"/> 12 Nursing Home/Other Institution | <input type="checkbox"/> 41 Patient Homes | <input type="checkbox"/> 15 Private office |
| <input type="checkbox"/> 36 Tec/Junior College/Voc School | <input type="checkbox"/> 33 Other College or University | <input type="checkbox"/> 34 School/Treatment Center |
| <input type="checkbox"/> 71 Other, Specify _____ | | |

Primary Practice Location - Primary Supervising Physician Sponsor/Medical Director (Not alternate)

Name: _____

County: _____

Lic No: _____

Setting (codes listed above): _____

Address: _____

Hrs./Wk: _____

Secondary Practice Location - Primary Supervising Physician Sponsor/Medical Director (Not alternate)

Name: _____

County: _____

Lic No: _____

Setting (codes listed above): _____

Address: _____

Hrs./Wk: _____

Continuing Education Requirements

Please submit a copy of your current registration with Cardiovascular Credentialing International and provide satisfactory evidence that your practice protocol is in place and signed by each supervising cardiologist.

Answer “Yes” or “No” to each of the following six questions. If you answer “Yes” to any questions, you must attach a written explanation.

1. Since you last renewed your registration, has any Order or other disciplinary action been rendered against you by any medical board or licensing authority or have you been denied licensure/certification or registration by any other medical board or licensing authority? Yes No
2. Since you last renewed your registration, have any hospital privileges been revoked, suspended, restricted, denied or voluntarily surrendered? Yes No
3. Since you last renewed your registration, has your ability to practice as a Cardiovascular Invasive Specialist been impaired by any physical, emotional or mental illness, whether temporary or permanent? Yes No
4. Since you last renewed your registration, have you developed or been treated for any disease or condition, physical, mental or emotional (including alcohol or other substance abuse) that might render further practice dangerous to the public? Yes No
5. Since you last renewed your registration, have you been convicted, pled guilty or pled nolo contendere for violation of any federal, state or local law (other than minor traffic violations)? Yes No
6. Since you last renewed your registration, have you been discharged involuntarily from employment or have you resigned from any hospital, institution or health care facility in lieu of disciplinary action? Yes No
7. Has there been any change in the status of your lawful presence in the United States since initial licensure? Yes No

I have carefully read all questions on this renewal application and have answered truthfully, accurately and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license and rejection of this application or delay in processing.

Signature _____

Date _____

South Carolina Law requires the agency collect personal information which is only disseminated as required by law. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on your renewal application and other documents on file, may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services. In order to better protect the information you provide, please provide the Department with the following information that may be released to the public upon request: a public mailing address, a public email address and a public telephone number.