



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Medical Examiners
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 llr.sc.gov/med

2023-2025 LATE RENEWAL APPLICATION FOR ACUPUNCTURISTS

Renewal Instructions/Requirements:

- Check or money order only (no cash) in the amount of \$145 made payable to the S.C. Board of Medical Examiners. (All fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)
- After September 30, 2023, licenses will lapse.
- Practice is not allowed after September 30, 2023.
- Applicants who do not renew on or before September 30, 2024, must apply for reactivation.
- Copy of current National Certificate.
- If you have had a legal name change since your initial licensure or since your last renewal, please attach the legal documentation with this renewal form (marriage certificate, divorce decree, court documentation).

If you would like your name added to the SC Statewide Emergency Registry of Volunteers, please visit: <https://scdhec.gov/BetterImpact>

SC License No.: _____

LICENSEE INFORMATION

Last Name: _____ First: _____ Middle: _____

Since you were licensed, have you legally changed your name? Yes No Prior Name: _____

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

(If different than above)

Phone No.: _____ Email: _____

(Required)

Current Activity Status (Check one only):

- | | |
|--|---|
| <input type="checkbox"/> Active Practice, in SC | <input type="checkbox"/> Active Practice, Out-of-State: _____ |
| <input type="checkbox"/> Active Practice, Volunteer work only | <input type="checkbox"/> Not Currently Practicing, Disabled |
| <input type="checkbox"/> Not Currently Practicing, Seeking Licensed Practice | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Not Currently Practicing, Not Seeking Licensed Practice | <input type="checkbox"/> Other: _____ |

PRIMARY EMPLOYMENT INFORMATION

Business Name (Primary Place of Practice): _____

Business Address: _____ City: _____ State: _____ Zip: _____

Bus. County: _____ Bus. Phone No.: _____

Total number of employers, include your primary employer: _____

Approximate hours per week spent in Acupuncture or related work for all employers: _____

NATIONAL CERTIFICATION

Select and attach a copy of your National Certification certificate. Acupuncturists must have a current National Certification for Acupuncture and Oriental Medicine (NCCAOM) certificate. Auricular Therapists or Auricular Detoxification Specialists must complete a board-approved nationally recognized training program in auricular therapy or auricular detoxification in order to renew.

National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)

Expiration Date: _____

National Acupuncture Detoxification Association Certificate (NADA)

Other National Certification: _____

PERSONAL HISTORY QUESTIONS

If you answer Yes to any of the below questions, please attach a detailed written explanation along with any supporting documentation.

1. Since your last renewal (or if this is your first renewal since your initial license application), has any Order or other disciplinary action been rendered against you by any governmental professional licensing body (other than SC Board of Medical Examiners)? Yes No
2. Since your last renewal (or if this is your first renewal since your initial license application), have any hospital privileges or other professional privileges of any kind been revoked, suspended, restricted, denied, voluntarily surrendered or relinquished? (Include the relinquishment of privileges while under investigation or pending action for any reason. Do not include the relinquishment of privileges as a result of a personal decision.) Yes No
3. Since your last renewal (or if this is your first renewal since your initial license application), have you experienced any physical or mental disease or condition, including an addiction to drugs or alcohol, that currently interferes with your ability to competently and safely perform the essential functions of practice? (If you are voluntarily enrolled in the Recovery Professionals Program (RPP) and have remained in full compliance, you may answer “No” with respect to any condition involving abuse of alcohol or drugs. If you have a physical or mental disease or condition that is appropriately being treated and does not currently impair your judgment or otherwise adversely affect your ability to practice, you may answer “No.”) Yes No
4. Since your last renewal (or if this is your first renewal since your initial license application), have you been convicted, pled guilty or nolo contendere (“no contest”) to a crime? Yes No
5. Since your last renewal (or if this is your first renewal since your initial license application), have you voluntarily restricted or curtailed your practice other than for retirement, family leave or vacation? Yes No
6. Since your last renewal (or if this is your first renewal since your initial license application), has there been any change in the status of your lawful presence in the United States? Yes No

PRACTICE ACTIVITY STATEMENT FOR LATE RENEWAL (ACUPUNCTURISTS)

1. I UNDERSTAND THIS IS A SWORN STATEMENT MADE UNDER OATH _____ (initial of licensee)
2. I HEREBY CERTIFY THAT
 - I HAVE **NOT** PRACTICED AS AN ACUPUNCTURIST IN SOUTH CAROLINA SINCE THE LAPSE OF MY SOUTH CAROLINA ACUPUNCTURIST LICENSE ON **SEPTEMBER 30, 2023.**
 - I HAVE PRACTICED AS AN ACUPUNCTURIST IN SOUTH CAROLINA SINCE THE LAPSE OF MY SOUTH CAROLINA ACUPUNCTURIST LICENSE ON **SEPTEMBER 30, 2023.**

FOR LATE RENEWAL, YOU MUST ALSO PROVIDE THE NCCAOM OR NADA FOR THE RENEWAL PERIOD AND PAY THE RENEWAL FEE OF \$145.

I HEREBY swear/affirm I have 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 licensure.

Signature of Licensee: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public Signature: _____

Print Notary Name: _____

My Commission Expires: _____ (Seal)

Signature: _____ Date: _____

PRIVACY NOTICE

South Carolina law requires the agency to 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 purposes.