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
llr.sc.gov/med

CERTIFICATION OF MEDICAL OR OSTEOPATHIC EDUCATION

Applicant's Information:

Last Name:_____ Suffix:_____ First:_____ Middle:_____

Student ID: _____ Contact Number: _____

I am applying for a license to practice medicine in the State of South Carolina. Please complete this form and send the original document bearing the institution's official seal to the above listed address.

_____
Applicant's Signature

_____
Date

The Medical School is requested to complete this insert and include the school seal along with the Dean's, Registrar's or President's signature.

It is hereby certified that (student name) _____

of (hometown, state or country) _____ attended (full name of school):

_____ from (dates of attendance): _____ to _____

and received a diploma conferring the degree of: _____

and said diploma bears the following date: _____ .

(Seal)

_____
Signature of Dean, Registrar or President

_____
Title

_____
Date