



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Medical Examiners**  
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P.O. Box 11289 • Columbia • SC • 29211  
Phone: 803-896-4500 • [Medboard@llr.sc.gov](mailto:Medboard@llr.sc.gov) • Fax: 803-896-4515  
[llr.sc.gov/med](http://llr.sc.gov/med)

## **MD OR DO LIMITED LICENSE APPLICATION REQUIREMENTS (6 MONTHS OR 1 YEAR)**

Limited licenses may be issued for postgraduate medical residency or fellowship training, as approved by the South Carolina Board of Medical Examiners (Board). A limited license entitles the licensee to apply for individual controlled substance registration through the Department of Public Health. Each limited license is valid for one year or part of one year. Renewal may be considered upon approval of the Board.

To obtain a limited license in this State, an applicant shall comply with the following requirements as outlined in [S.C. Code Section 40-47-31](#)

### **TRAINING CONTRACT**

Applicants must provide a copy of a contract in which the applicant has been offered a position in a medical residency training program accredited by the American Council for Graduate Medical Education or American Osteopathic Association or a fellowship or a letter from the institution stating the applicant has been recommended for a medical residency training program or a fellowship. The recommendation letter must be addressed and mailed directly to the Board office from the institution.

### **SUPERVISING PHYSICIAN FORM**

A [supervising physician form](#) approved by the Board to be completed by the chairman or residency director of the training program is required for licensure. The supervising physician form can be sent to via email at [medboard@llr.sc.gov](mailto:medboard@llr.sc.gov) or by mail.

### **CERTIFICATION OF MEDICAL EDUCATION/TRANSCRIPT**

Applicants must provide a [Certification of Medical Education form](#) approved by the Board to be completed by the dean, the president, or the registrar of the applicant's medical school or as approved by the Board or copy of an official transcript sent directly to the board by the education institution. Certification form and transcript can be sent to via email at [medboard@llr.sc.gov](mailto:medboard@llr.sc.gov) or by mail.

### **LETTERS OF RECOMMENDATION**

Three letters of recommendation from licensed physicians recommending the applicant for a limited license in this State are required for licensure. The letters can be sent to via email at [medboard@llr.sc.gov](mailto:medboard@llr.sc.gov) or by mail.

### **LICENSE VERIFICATION**

If you currently hold or have previously held a license, certification or registration for any medical profession, please list details below. You will need to contact each state board and have an official license verification sent directly to the Board via email: [Medboard@llr.sc.gov](mailto:Medboard@llr.sc.gov) or mail.

### **FOREIGN MEDICAL GRADUATES**

An applicant for a limited license for medical residency training who is a graduate of a medical school located outside the United States or Canada may be considered on an individual basis. Such applicants shall complete and submit an application and the appropriate application fee. In addition to all other requirements, a completed application must include a copy of a current or permanent Educational Commission for Foreign Medical Graduates (ECFMG) certificate or documentation of successful completion of a Fifth Pathway program, or both. The Board may waive this requirement if the applicant has a full-time academic faculty appointment at the rank of assistant professor or greater in a medical school in this State accredited by the American Council for Graduate Medical Education or the American Osteopathic Association. This requirement also may be waived if the applicant:

- has been licensed for five years or more without significant disciplinary action; and
- holds current certification by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association or another organization approved by the Board.

## **VERIFICATION OF LEGAL NAME**

A license must be issued in the applicant's legal name as verified by a vital statistics birth certificate (not hospital birth certificate), valid driver's license, passport or other legal document acceptable to the board. Examples of acceptable legal name change documents include a marriage certificate, divorce decree or court order approving legal name change.

## **CRIMINAL BACKGROUND CHECK (CBC) PROCESS**

Applicants applying for a limited physician license with the SC Board of Medical Examiners will be subject to a state and national fingerprint criminal background check. The fingerprint criminal background checks are required pursuant to § 40-47-36 of the South Carolina Code of Laws.

Instructions for the fingerprint process will be sent to the applicant after their application for licensure is received by the South Carolina Board of Medical Examiners. **DO NOT** have your fingerprints or CBC report processed until you have applied and received instructions from the board. **Submittal of the fingerprints prior to application will cause an automatic rejection of the criminal background check and fingerprints will need to be submitted again to complete the application.**

## **LIMITED LICENSURE LIMITATIONS**

The Board may not issue a limited or temporary license to a licensed physician of another state of the United States:

- whose license is currently revoked, suspended, restricted in any way, or on probationary status in that state; or
- who currently has disciplinary action pending in any state.

## **PERMANENT LICENSURE**

A physician in a medical residency training program in this State may apply for a permanent license at least ninety days before his or her limited license expires. No part of a limited license application may be applied to an application for a permanent license. Each application must be filed separately.

## **CONTROLLED SUBSTANCE REGISTRATION**

Applications for both federal and state registration are available from the Drug Control Division, [South Carolina Department of Public Health](#), applicants who possess permanent, temporary or limited licenses may apply for a controlled substance registration.

## **ADDITIONAL INFORMATION**

Note: Your application is good for one (1) year from the date of receipt. If all required information is not received within this one (1) year period, you must begin the application process from the beginning. This includes, but is not limited to, the application fee, transcripts, license verifications, etc.

Your application is not considered complete or a limited license issued until all of the required documents have been received. It is a violation of state law if a physician practices medicine before being issued a license. Violators are subject to fines and possible criminal prosecution.

## **Documentation required for your application:**

- Copy of your valid Driver's License, State Issued ID, Passport or Military ID
- Copy of your Social Security card
- A 2"x2" passport-type photo
- Notarized Verification of Lawful Presence
- Training contract from South Carolina program (or recommendation letter\* see below)
- Malpractice Claim Information Form, if applicable
- Copy of ABMS and/or AOA Certificate(s), if applicable
- **Verification of Legal Name:** A license must be issued in the applicant's legal name as verified by a vital statistics birth certificate (not hospital birth certificate), valid driver's license, passport or other legal document acceptable to the board. Examples of acceptable legal name change documents include a marriage certificate, divorce decree or court order approving legal name change.

**Documentation submitted directly to the Board office address above from the issuing agent:**

- License Verification from each state medical board that you are currently or have ever been licensed in.
- Supervising Physician Form
- Three letters of recommendation
- Certification of Medical or Osteopathic Education Form
- \* Letter stating that the applicant has been recommended for residency training program or fellowship
- Criminal Background Check (CBC) – Board will forward instructions once application is received.



STATE OF SOUTH CAROLINA  
DEPARTMENT OF LABOR, LICENSING AND REGULATION  
**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES**  
**AFFIDAVIT OF ELIGIBILITY**



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

**Section A: LAWFUL PRESENCE in the United States.**

The undersigned \_\_\_\_\_, of \_\_\_\_\_,  
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)  
 being first duly sworn deposes and states as follows:

**Check only one box:**

1. I am a United States citizen; or
2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. Other: \_\_\_\_\_ Please submit any documentation that supports this status.

Date of Birth: \_\_\_\_\_

Alien Number: \_\_\_\_\_ I-94 Number: \_\_\_\_\_

**(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)**

**Section B: ATTESTATION.**

**I understand** that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

**I understand** that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

**I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.**

\_\_\_\_\_  
Signature of Affiant

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

### **CHECK box 1:**

If you are a United States Citizen by birth or naturalization

### **CHECK box 2:**

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **CHECK box 3:**

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **ACCEPTED IMMIGRATION DOCUMENTS:**

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)