



SUMMARY OF REQUIREMENTS AND INSTRUCTIONS FOR A LICENSE TO PRACTICE MEDICINE

To obtain a permanent license to practice medicine in this State, an applicant shall comply with the following requirements as outlined in S.C. Code §40-47-32. Please visit the Board's website at <https://llr.sc.gov/med/>, select **Laws/Policies** to review the [South Carolina Medical Practice Act](#).

EDUCATION REQUIREMENTS

Applicant must meet one of the following:

- a. Graduated from a medical school located in the United States (US) or Canada that is accredited by the Liaison Committee on Medical Education or other accrediting body approved by the board; or
- b. Graduated from a school of osteopathic medicine located in the US or Canada accredited by the Commission on Osteopathic College Accreditation or other accrediting body approved by the board; or
- c. Graduated from a medical school located outside the United States or Canada, must possess a permanent Standard Certificate from the Education Commission on Foreign Medical Graduates (ECFMG).
 - Notwithstanding the provisions of this subsection, the board may waive the ECFMG or Fifth Pathway requirement if the applicant is to have a full-time academic faculty appointment at the rank of assistant professor or greater at a medical school in this State.

Note: Accreditation Council for Graduate Medical Education (ACGME) and American Osteopathic Association (AOA) are approved accrediting bodies.

POSTGRADUATE TRAINING REQUIREMENTS

Applicants must meet one of the following requirements:

- a. Graduates of approved medical or osteopathic schools located in the US or Canada shall document the successful completion of a minimum of one year of postgraduate medical residency training approved by the board; or
- b. Graduates of medical schools located outside the United States or Canada shall document a minimum of three years of progressive postgraduate medical residency training in the United States approved by the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA) or postgraduate training in Canada approved by the Royal College of Physicians and Surgeons.
 - An applicant has been licensed in another state for five (5) years or more, without significant disciplinary action, will only be required to document one year of postgraduate residency training approved by the board;
 - Foreign graduates may satisfy the three-year postgraduate training requirement with at least one year of approved training in combination with certification by a specialty board recognized by the ABMS, AOA, or another organization approved by the board.
 - The board may accept a full-time academic appointment at the rank of assistant professor or greater in a medical or osteopathic school in the United States as a substitute for, and instead of, postgraduate medical residency training. Each year of this academic appointment may be credited as one year of postgraduate medical residency training for purposes of the board's postgraduate training requirements.

- Graduates who have completed at least two and one-half years of progressive postgraduate medical residency training in the program in which they are currently enrolled may be issued a license upon certification from the program of their good standing and expected satisfactory completion.
- c. Document successful completion of a Fifth Pathway Program; and
- Complete a minimum of three (3) years progressive postgraduate medical residency training in the US that has been approved by the ACGME or AOA or post graduate training in Canada that has been approved by the Royal College of Physicians and Surgeons; or
 - Be board eligible or board certified by a specialty board recognized by the American Board of Medical Specialties (ABMS), the AOA, or another organization approved by the board;

EXAMINATION REQUIREMENTS

- An applicant shall document to the satisfaction of the board successful completion of exams required by Medical Practice Act, S.C. Code § [40-47-32](#) (C) and (F).

For the United States Medical Licensing Examination or the Comprehensive Osteopathic Medical Licensing Examination, or the Medical Council of Canada Qualifying Examination, the applicant shall pass all steps within ten years of passing the first taken step. The results of the first three takings of each step examination must be considered by the board. The board may consider the results from a fourth taking of any step; however, the applicant has the burden of presenting special and compelling circumstances why a result from a fourth taking should be considered. These circumstances may include, but are not limited to, the applicant's additional medical education or training, the applicant's score on the third taking, or other special or compelling circumstances. Under no circumstances may the board consider results received after the fourth taking of any step, except that a subsequent taking may be considered by the board for an applicant who currently holds a certification, recertification, or a certificate of added qualification by a specialty board recognized by the ABMS, AOA, or another organization approved by the board.

Note: The Board recognizes ABMS and AOA as organizations that certify specialty boards.

CURRENT COMPETENCY OR OTHER QUALIFICATIONS

In addition to meeting all other licensure requirements, an applicant shall pass the Special Purpose Examination (SPEX) or the Composite Osteopathic Variable-Purpose Examination (COMVEX), unless the applicant can document **within ten** years of the date of filing a completed application to the board one of the following:

- (1) National Board of Medical Examiners examination;
- (2) National Board of Osteopathic Medical Examiners examination;
- (3) FLEX;
- (4) USMLE;
- (5) MCCQE;
- (6) SPEX;
- (7) COMVEX;
- (8) COMLEX-USA;
- (9) ECFMG;
- (10) Certification, recertification, or a certificate of added qualification examination by a specialty board recognized by either the American Board of Medical Specialties (ABMS), the American Osteopathic Association (AOA), or other organization approved by the board; or

- (11) one hundred fifty hours of Category I continuing medical education in the three years preceding the date of the application by an applicant who is currently certified by a specialty board recognized by the American Board of Medical Specialties, the American Osteopathic Association, or other organization approved by the board, which certification is not time limited and does not require recertification by examination. Such Category I continuing medical education must be approved by the American Medical Association or American Osteopathic Association, or other national organization approved by the board, as appropriate. Seventy-five percent of these hours must be related to the applicant's area of specialty. This is the only exception to the ten year requirement of this subsection that does not require an examination or reexamination.

WAIVERS

Note: The additional examination required pursuant to subsection 40-47-32 (E) must be waived if the applicant is to practice in a position within the South Carolina Department of Corrections, South Carolina Department of Health and Environmental Control, South Carolina Department of Mental Health, the South Carolina Department of Disabilities and Special Needs, or the Disability Determination Services Unit of the State Agency of Vocational Rehabilitation. *A license issued pursuant to this waiver is immediately invalid if the individual leaves that position or acts outside the scope of employment within the department.* A change in agency may be approved upon presentation to the board of a copy of a contract in which the individual has been offered a position within the South Carolina Department of Corrections, the South Carolina Department of Public Health (formerly, the Department of Health and Environmental Control), the South Carolina Department of Mental Health, or the South Carolina Department of Disabilities and Special Needs, or the Disability Determination Services Unit of the State Agency of Vocational Rehabilitation.

A waiver of the SPEX Exam requirement can be requested under 40-47-32 (E). To apply for a waiver, contact the board via email at medboard@llr.sc.gov.

PRIMARY SOURCE VERIFICATION

American Medical/Osteopathic Association Physician Profile – An AMA or AOA physician profile must be received by the board. Please visit the AMA online at <https://commerce.ama-assn.org/amaprofiles/> or the AOA online at www.aoaprofiles.org to request a profile be sent to the LLR-Board of Medical Examiners. You do not need to be a member to have the physician profile sent to the board.

Federation Credentials Verification Services Profile - Primary source verification of an applicant's identity, medical education, postgraduate training, examination history, disciplinary history, and other core information required for licensure in this State must be provided through an independent credentials verification organization approved by the board. Contact the Federation Credentials Verification Services (FCVS) at 400 Fuller Wiser Rd Suite 300, Euless TX, 76039, telephone (888) 275-3287 or email fcvs@fsmb.org to request your Physician Information Profile. Please visit the Federation of State Medical Boards online at <https://www.fsmb.org/fcvs/> for more information on FCVS profiles. If the FCVS profile does not contain all transcripts, copies of transcripts must be submitted to the Board from the educational institution.

VERIFICATION OF LEGAL NAME

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

CRIMINAL BACKGROUND CHECK (CBC) PROCESS

Applicants applying for a 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.**

LICENSE VERIFICATION

If you currently hold or have previously held a license, certification or registration for any medical profession, 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 or mail.

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.

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 Form](#)
- [Malpractice Claim Information Form](#), if applicable
- Copy of ABMS and/or AOA Certificate(s) or letter from the certifying board, 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 to submit to the Board's Office from the issuing agent via email: Medboard@llr.sc.gov or mail:

- Federation Credentials Verification Service (FCVS) – Primary Source Verification
- License Verification from each state medical board that you are currently or have ever been licensed in (active and non-active licenses).
- Criminal Background Check (CBC) – Board will forward instructions once application is received.
American Medical/Osteopathic Association Physician Profile (AMA or AOA)

Payment in the amount of \$500 is due at the end of the application. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds. All fees are non-refundable.



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)