



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

## **REQUIREMENTS AND INSTRUCTIONS TO APPLY FOR LICENSURE AS A PHYSICIAN ASSISTANT**

### **LICENSURE REQUIREMENTS**

You must follow these instructions to obtain a registration to practice as a physician assistant in South Carolina. An applicant shall comply with the following requirements as outlined in [S.C. Code Section 40-47-945](#).

### **EDUCATION**

Applicants will need to have the [Certification of Physician Assistant Education form](#) or an official transcript with the conferred date reflected on sent directly to the Board from the education institution via email: Medboard@llr.sc.gov or mail.

### **NCCPA CERTIFICATE**

Applicants must provide a copy of their current/active NCCPA Certificate. Visit [www.nccpa.net](http://www.nccpa.net) to obtain “verify certificate” page. Proof of current NCCPA Certificate must contain the expiration date.

### **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 physician assistant 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.

### **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 current NCCPA Certificate

- **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's office address above from the issuing agent:**

- [Certification of Physician Assistant Education Form](#) or official transcripts with conferred date directly from the educational institution.
- License verification from each state professional board by which you are currently or have even been licensed, registered, permitted or certified (active and non-active licenses).
- Criminal Background Check (CBC) – Board will forward instructions once application is received.

**Payment in the amount of \$110 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.**

**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.**



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)



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## CERTIFICATION OF PHYSICIAN ASSISTANT (PA) EDUCATION

Proof of successful completion of an educational program for physician assistants that has been approved by the Commission on Accredited Allied Health Programs or its successor organization is required for licensure. Please have this form completed by the school or have an official transcript sent to the board via email at [medboard@llr.sc.gov](mailto:medboard@llr.sc.gov) or via mail at the address above. Transcript must reflect the conferred date of the degree.

### Applicant's Information:

Last: \_\_\_\_\_ Suffix: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Student ID: \_\_\_\_\_ Contact Number: \_\_\_\_\_

*I am applying for a Physician Assistant license 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

Please complete this form and include the school seal along with the Dean's, Registrar's, President's or PA Program Director'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 PA Program Director

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date