



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

## **REGISTERED CARDIOVASCULAR INVASIVE SPECIALISTS REGISTRATION REQUIREMENTS AND INSTRUCTIONS – ELECTRONIC APP**

Per [Section 40-47-1540](#), to be registered as a cardiovascular invasive specialist, a person must:

- Successfully complete an approved cardiology training program including but not limited to, a program approved by the Accreditation Committee of Graduate Medical Education, or its equivalent or successor approved by the South Carolina Board of Medical Examiners.
- Provide satisfactory evidence of current registration with [Cardiovascular Credentialing International](#)
- And provide satisfactory evidence that a practice protocol is in place, signed by each supervising cardiologist and by an appropriate representative of each licensed facility where practice is anticipated.

Cardiovascular Invasive Specialists registering with Board must submit the following documentation:  
**(This documentation can be uploaded at the end of the application)**

- Submit payment in the amount of \$160 (application fee) via credit card or check, made payable to **LLR – Board of Medical Examiners**. Your application will not be processed until the \$160.00 application fee has been received.  
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.
- Upload a copy of your valid driver's license, state issued ID, passport or military ID
- Upload a copy of your Social Security card
- Upload a 2"x2" professional photo (Passport-style photo)
- Upload a copy of current Cardiovascular Credentialing International
- Upload a copy of approved Cardiology Training Program Certificate
- Upload Malpractice Claim Information Form, if applicable
- Upload a copy of a written scope of the facility's practice protocols signed by all supervising cardiologists and the Cardiovascular Invasive Specialists
- Upload **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, vital statistics birth certificate (not hospital birth certificate), marriage certificate, divorce decree or court order approving legal name change.
- Upload legal documentation for name change, if applicable

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

- Criminal Background Check (CBC) – Board will forward instructions once application is received.

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

An applicant for a license to practice medicine in South Carolina shall be subject to a criminal history background check as defined in Section 40-47-36 of the Medical Practice Act. The Board will send you instructions on how to have your fingerprints processed once your application is received.

Please Note:

Application and fee will be kept on file for twelve (12) months; thereafter, a new application and fee are required. Applications are processed in the order they are received.

A person may not willfully practice or offer to practice as a Cardiovascular Invasive Specialist unless that person is registered by the department. A person who uses the title Cardiovascular Invasive Specialist in any advertisement, business card or letterhead, or billing document or who makes another verbal or written communication indicating that the person is a Cardiovascular Invasive Specialist or who acquiesces in that representation violates this section.

After submitting your application, you may check your application status online:

<https://eservice.llr.sc.gov/SSO/ApplicationStatus/Index>



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**NOTARIZED SIGNATURE AFFIDAVIT**

Certification:

I, \_\_\_\_\_ being duly sworn, depose and say that I am the person described and identified, and that I am the person named in the documents presented in support of this application. By filing this application, I hereby authorize and consent to an investigation of my fitness and qualifications to practice medicine in South Carolina.

I hereby authorize all hospitals, medical institutions or organizations, my references, employers (past and present), and all governmental agencies and instrumentalities (local, state and federal) to release to this licensing Board any information, files or records requested by the Board for its evaluation of my professional, ethical and other qualifications for licensure in South Carolina. I understand that I may be contacted by the Board and asked to sign a release for records should my application reveal additional information is necessary to approve my application.

I hereby release, discharge and exonerate the State Board of Medical Examiners of South Carolina, its agents or representatives and any person or organization furnishing information from any and all liability of every nature and kind arising out of the furnishing of documents, records or other information, or arising from the investigation made by the State Board of Medical Examiners of South Carolina.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such an act shall constitute the cause for denial or revocation of my license to practice medicine in South Carolina. Further, if licensed, I agree to keep the Board informed of any future changes in my address.

I hereby authorize the Board of Medical Examiners of South Carolina to utilize my Social Security Number in making reports to the Federation of State Medical Boards' Physician Data Center for compilation of information about applicants and licensees in order to coordinate licensure and disciplinary activities between the individual States' licensing boards.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Print Name of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day  
 of \_\_\_\_\_ 20\_\_\_\_ .

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

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

Notary for the State of: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

**Tape a recent 2 x 2  
 Passport Photo  
 (less than 6 months old)**

*(Notary Seal)*



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**MALPRACTICE CLAIM INFORMATION**

This form must be completed if you have ever been named as a defendant in a malpractice lawsuit, verdict or settlement.

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Office Telephone No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**MALPRACTICE COMPLAINT:**

Include name of patient, age, sex, date of occurrence and location, i.e., office or name and address of hospital.

Patient's Name: (Not required) \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Occurrence: \_\_\_\_\_

Place of Occurrence: \_\_\_\_\_

Indicate your position in case: (i.e., resident, primary physician, etc.) \_\_\_\_\_

**FILED AGAINST:**     Individual Doctor     Group     Hospital

List names of other defendant-doctors and/or hospitals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISPOSITION:**     Pending     Jury Verdict     Settled     Dismissed     Dropped

If the lawsuit against you was dismissed, was it dismissed by the Court on the merits or was it dismissed as a result of settlement negotiations?

On the merits     Dismissed before settlement

If there has been a verdict or settlement, please provide the following information:

Legal Outcome: \_\_\_\_\_

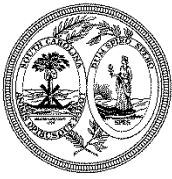
Total Amount Paid: (If any) \_\_\_\_\_ Date Paid: \_\_\_\_\_

Amount attributable to you: \_\_\_\_\_

1. On a separate sheet, provide a detailed written explanation of the background and medical issues involved in the case.
2. Attach copies of the complaint, answer, release, settlement documents and all other relevant legal documents.
3. Form may be duplicated as needed. A separate report must be completed for each malpractice claim.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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)