



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
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llr.sc.gov/med

**MD-DO LIMITED LICENSE APPLICATION FOR RENEWAL
SIX MONTHS RENEWAL**

Renewal Instructions/Requirements:

- Submit \$75 for six (6) months. (All fees are non-refundable. Cash is not accepted. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)
- Applications must be postmarked on or before the date of your license expiration.
- After the date of your license expiration, licenses will lapse and practice is not allowed.
- If your Supervising Physician has changed, go here to download and submit a Supervising Physician form: <https://eservice.llr.sc.gov/DocumentSubmission/>
- Training Contract or Letter – A letter from the institution stating that you have been recommended for a medical residency training program or a fellowship. The recommendation letter must be submitted directly to the board office by mail or email from the institution. A copy of the residency/fellowship contract submitted by the institution is also acceptable. <https://eservice.llr.sc.gov/DocumentSubmission/>
- If you have had a legal name change since your last application, please attach the legal documentation with this renewal form (marriage certificate, divorce decree, court documentation).
<https://eservice.llr.sc.gov/DocumentSubmission/>

If you would like your name added to the SC Statewide Emergency Registry of Volunteers, please visit:
[Better Impact](#)

SC Limited License Number: _____ Title: M.D. D.O.

LICENSEE INFORMATION

Last Name: _____ First: _____ Middle: _____

Since you were licensed, have you legally changed your name? Yes No

Prior Name(s): _____

If yes, please submit legal documentation supporting the change(s). (Marriage certificate, divorce decree, court documentation, etc.)

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different than above)

Phone: _____ Email: _____

Employer Name: _____ Phone : _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Phone Number: _____ Type of Training/Practice: _____

PERSONAL HISTORY QUESTIONS

If you answer Yes to any of the below questions, please attach a detailed written explanation along with any supporting documentation.

- 1. Since your last renewal (or if this is your first renewal since your initial license application), has your medical license been revoked, suspended, reprimanded, restricted, disciplined, or placed on probation by any medical licensing board or other entity? Yes No
- 2. Since your last renewal (or if this is your first renewal since your initial license application), have you had an application to practice medicine denied or refused by another medical licensing board or other entity? Yes No
- 3. Since your last renewal (or if this is your first renewal since your initial license application), have you had any hospital privileges denied, revoked, suspended, or restricted in any way or voluntarily surrendered privileges? Yes No
- 4. Since your last renewal (or if this is your first renewal since your initial license application), have you voluntarily surrendered or relinquished a medical license, controlled substance registration, or DEA registration? Yes No
- 5. Since your last renewal (or if this is your first renewal since your initial license application), have you resigned from any hospital, institution or health care facility in lieu of disciplinary action? Yes No
- 6. Are you currently under investigation or the subject of pending disciplinary action by any medical licensing board, health care facility, or other entity? Yes No
- 7. Since your last renewal (or if this is your first renewal since your initial license application), have you had a malpractice lawsuit filed against you, a judgment returned/filed against you, or settled a medical malpractice claim? Yes No

If yes, how many? _____
(Complete a Malpractice Information Claim Form for each claim)

- 8. Since your last renewal (or if this is your first renewal since your initial license application), have you experienced any physical or mental disease or condition, including an addiction to drugs or alcohol, that currently interferes with your ability to competently and safely perform the essential functions of practice? (If you are voluntarily enrolled in the Recovering Professionals Program (RPP) and have remained in full compliance, you may answer ‘No’ with respect to any condition involving abuse of alcohol or drugs. If you have a physical or mental disease or condition that is appropriately being treated and does not currently impair your judgment or otherwise adversely affect your ability to practice, you may answer ‘No.’) Yes No
- 9. Since your last renewal (or if this is your first renewal since your initial license application), have you discontinued the practice of medicine for any reason for three consecutive months or more? Yes No
- 10. Since your last renewal (or if this is your first renewal since your initial license application), was your medical education / residency training interrupted other than for vacation periods or military service? Yes No
- 11. Since your last renewal (or if this is your first renewal since your initial license application), has your ability to prescribe controlled substances been denied, revoked, suspended, or limited by any hospital, health care facility, or other entity? Yes No

12. Since your last renewal (or if this is your first renewal since your initial license application), have you been convicted of, or pled guilty or nolo contendere to, a criminal offense of any kind, except a minor traffic offense? (A DUI is not a minor traffic offense and must be reported.) Yes No

If Yes, attach a detailed explanation, along with court documentation and a criminal background report issued from the state in which the incident took place.

13. Since your last renewal (or if this is your first renewal since your initial license application), have you changed your specialty? Yes No

ELIGIBILITY INFORMATION

The Board is required to verify lawful presence in the United States prior to the issuance of a license and prior to renewal of a license. If your immigration status has changed (including, but not limited to, a change in immigration status type, *i.e.* grant of citizenship or change from a visa holder to an asylee, etc.) **or** if you have immigration documentation on file with the Board that expires during the renewal period and you have not yet submitted updated documentation to the Board, you will need to upload an updated [Verification of Lawful Presence form](#) prior to renewal. Please include updated supporting documents with your [Verification of Lawful Presence form](#).

- Since your last renewal (or if this is your first renewal since your initial license application), has there been any change in the status of your lawful presence in the United States **or** will your lawful presence documentation on file with the Board expire before June 30, 2028? Yes No

If yes, attach an updated [Verification of Lawful Presence form, found here](#).

ATTESTATION

I have carefully read all questions in this application and have answered them fully, accurately, and completely. I hereby agree that my failure to answer all questions or make full disclosure of any facts or information called for in this application shall constitute cause for the denial of my application or for the revocation of my license to practice medicine in South Carolina. I hereby authorize the Board of Medical Examiners of South Carolina to utilize my Social Security Number in making necessary 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, and to federal and state entities, as required by law.

Applicant's Signature: _____ Date: _____

PRIVACY NOTICE

South Carolina law requires the agency to collect personal information which is only disseminated as required by law. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on your renewal application and other documents on file may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical purposes.