



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 FOR A LICENSE TO PRACTICE AS A RESPIRATORY CARE PRACTITIONER

The Forms contained in this packet may not be mailed in with payment and processed as a regular application. They are specifically to be used with the online electronic application where payment is remitted online.

READ REQUIREMENTS CAREFULLY BEFORE COMPLETING APPLICATION.

I. GENERAL INFORMATION

The term Respiratory Care Practitioner encompasses both respiratory therapists and respiratory therapy technicians. Section 40-47-510 (5)

II. REQUIREMENTS FOR LICENSURE

In order to qualify for a license as a respiratory care practitioner the applicant must file a written application on forms provided by the Board and must show that he/she meets the following requirements (Section 40-47-600):

- (a) good moral character;
- (b) passage of the entry level examination given by the National Board for Respiratory Care, Inc., or other examination that may be approved.

III. APPLICATION FORM

An application will be considered as incomplete until all of the following information is submitted:

Submit with your application:

- Submit your application by making the \$120 application fee via Visa, Mastercard or E-Check. A returned check fee of up to \$30, or an amount specified by law, **may** be assessed on all returned funds.
- Copy of your valid Driver's License, State Issued ID, Passport or Military ID
- Copy of your social security card
- Legal documentation for name change
- Notarized Signature Form with 2x2 professional photo
- Verification of Lawful Presence
- Copy of CRT or RRT National Board Certificate or examination results
- Physician Sponsor Statement, if performing home care duties
- Copy of Respiratory Care Diploma or have an official transcript sent to the Board

Have 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.

IV. **CRIMINAL BACKGROUND CHECK** – Board will forward instructions once application is received.

V. PROCESSING TIME

Applications having all information with no identifiable problems will be expeditiously processed. Incomplete applications or problematic applications will require additional processing time.

When applying for licensure, If you do not know where you will be working in South Carolina and/or who the medical director is, please mark "unknown at this time in that space. Please remember, before you can begin working in South Carolina, you must notify the Board in writing of where you will be working, in South Carolina, and who the medical director will be.

POLICY OF THE BOARD REQUIRES INDIVIDUALS WHO HAVE NOT ACTIVELY PRACTICED RESPIRATORY CARE FOR FIVE (5) YEARS OR MORE TO TAKE AND PASS THE NBRC-ENTRY LEVEL EXAMINATION. PROOF OF PASSAGE MUST BE PROVIDED TO THE BOARD BEFORE YOUR LICENSE WILL BE ISSUED.



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

Criminal Background Check (CBC) Instruction Sheet

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.



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

NOTARIZED SIGNATURE AFFIDAVIT

Certifying Statement:

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 as a Respiratory Care Practitioner in South Carolina.

I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, 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 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.

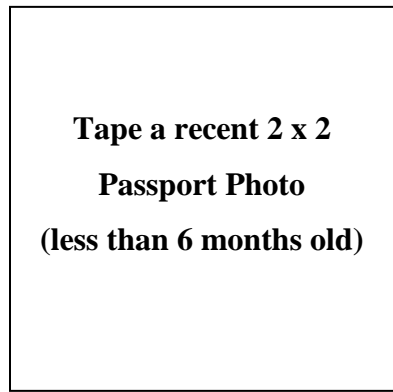
I hereby authorize the Board of Medical Examiners of South Carolina to utilize my Social Security Number in making reports to the Federation of State Medical Boards' Physician Data Center for compilation of information about applicants and licensees in order to coordinate licensure and disciplinary activities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



(Notary Seal)



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)



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

RESPIRATORY CARE PRACTITIONER VERIFICATION OF LICENSURE

Complete the top portion of this form and forward a copy to each state board by which you are now or ever have been licensed to practice as a respiratory care practitioner. You may want to contact each state to see if a fee is required.

In applying for a license to practice as a respiratory care practitioner in the State of South Carolina, the Board of Medical Examiners requires this form to be completed by each state wherein I hold or have ever held a license. The Board will accept a state board issued verification. My signature below is your authority to release any and all information in your file, favorable or otherwise, regarding me directly to the above address.

PLEASE TYPE OR PRINT

Signature: _____

Name: _____

Address: _____

DO NOT DETACH

This section should be completed by an official of the state board and returned directly to the South Carolina Board of Medical Examiners at the above address. The Board will accept a state issued verification.

Name of Licensee: _____

State of: _____ Type of License: _____ License number: _____

Date issued: _____ Expiration Date: _____

Is license current Yes No If no, why not? _____

Has license been suspended, revoked, or restricted? Yes No If yes, why? _____

Comments/Derogatory Information, if any: _____

Date: _____

Signature: _____

Print name: _____

Board Seal

Title: _____

Board: _____