



South Carolina Department of Labor, Licensing and Regulation
State Board of Medical Examiners for South Carolina

P.O. Box 11289 • Columbia, SC 29211
 Phone: 803-896-4500 Fax: 803-896-4515
www.llronline.com/POL/Medical



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: _____