



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Medical Examiners
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 llr.sc.gov/med

EXPLANATION OF “YES” ANSWER FORM

Name: _____ Email: _____

Select the type of license/registration you are applying for (check one):

- Physician (M.D./D.O.) Anesthesiologist’s Assistant Athletic Trainer
- Acupuncturist Auricular Therapist Cardiovascular Invasive Specialist
- Physician Assistant Respiratory Care Practitioner

Explanation of “Yes” answer to personal history question number (Check one only):

If you have more than one yes answer, you will need to use separate explanation form for each.

- 1 2 3 4 5 6 7 8 9 10 11 12 13 14

Jurisdiction in which the action/event occurred (City, County & State): _____

Any case, file or credential number: _____

Offense(s) Explanation: You must provide a detailed statement of the events related to your affirmative response to personal history questions including information surrounding the conviction(s), denial or discipline of licensure, including all pertinent information (such as charges, dates, locations, and sentences). Attach copies of any case, file or licensing documents or records showing the final disposition, if applicable. Attach additional pages or copies of this form if necessary.

AFFIRMATION

I certify that that all statements, answers and representations made in this form, including all supplementary documents submitted with the form, are true and correct to the best of my knowledge after undertaking due diligence to determine their accuracy. I understand that providing any false, incomplete or misleading information herein is grounds for the denial or revocation of my license or registration in South Carolina.

Signature

Date