



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

2021-2023 RESPIRATORY CARE PRACTITIONER LATE RENEWAL APPLICATION

Renewal Instructions/Requirements:

- Biennial renewal fee of \$75 and \$75 late fee (\$150 total) in the form of a check or money order made payable to LLR-Board of Medical Examiners. (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.)
- **Biennial Renewal / Late Fees:**
 Postmarked 5/31/2021 or before: **\$75**
 Postmarked on or after 6/1/2021: Late Fee \$75 + Renewal Fee \$75 = **\$150**
 (Renewals are accepted 6/1/2021 – 5/31/2022)
- Application must be postmarked by U.S. Post Office on or before May 31, 2022. After May 31, 2022, your license must be reactivated.
- Application must be notarized.
- If your Medical Director has changed, please email the board the updated Medical Director Name and License number.

If you would like your name added to the SC Statewide Emergency Registry of Volunteers, please visit: www.scserv.gov.

Note for SC Residents: To find your Congressional District you may go to: <http://www.scstatehouse.gov/legislatorssearch.php>

LICENSEE INFORMATION

Name: _____ Profession: _____ License No.: _____

Since you were licensed, have you legally changed your name? Yes No Prior Name: _____
 If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ City: _____ State: _____ Zip: _____ District: _____
Congressional District (SC Residents Only)

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

Phone No.: _____ Email: _____

Business Name: _____ **Business Phone:** _____

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

Business Email: _____

NBRC Certificate No.: _____ **Expiration Date:** _____

Current Activity Status (check one only):

- | | |
|--|---|
| <input type="checkbox"/> Active Practice, in SC | <input type="checkbox"/> Active Practice, Out-of-State: _____ |
| <input type="checkbox"/> Active Practice, Volunteer work only | <input type="checkbox"/> Not Currently Practicing, Disabled |
| <input type="checkbox"/> Not Currently Practicing, Seeking Licensed Practice | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Not Currently Practicing, Not Seeking Licensed Practice | <input type="checkbox"/> Other |

PRACTICE INFORMATION

Primary Practice

Name of Employer: _____ Estimated Hrs. Per Week: _____

Employer Address: _____

Employer County: _____ City: _____ State: _____ Zip: _____

Medical Director: _____ Medical Director License No.: _____

Primary Practice Setting (Check one only):

- Academic Setting (Teaching/Research)
- Federal Health Facility (VA, MIL, NIH, HIS, etc.)
- Home Health/DME
- Hospital-Emergency Room/Dept.
- Hospital-Inpatient (General/Acute)
- Hospital-Inpatient (ICU, CCU, NICU, etc.)
- Hospital (Sub-Acute)
- Manufacturer/Distributor
- Nursing Home/SNF/Other Institutional Setting
- Outpatient Facility/Physician Office
- Sleep Center/Diagnostic Center
- Transportation Services
- Other Setting: _____

Secondary Practice

Name of Employer: _____ Estimated Hrs. Per Week: _____

Employer Address: _____

Employer County: _____ City: _____ State: _____ Zip: _____

Medical Director: _____ Medical Director License No.: _____

Secondary Practice Setting (Check one only):

- Academic Setting (Teaching/Research)
- Federal Health Facility (VA, MIL, NIH, HIS, etc.)
- Home Health/DME
- Hospital-Emergency Room/Dept.
- Hospital-Inpatient (General/Acute)
- Hospital-Inpatient (ICU, CCU, NICU, etc.)
- Hospital (Sub-Acute)
- Manufacturer/Distributor
- Nursing Home/SNF/Other Institutional Setting
- Outpatient Facility/Physician Office
- Sleep Center/Diagnostic Center
- Transportation Services
- Other Setting: _____

CONTINUING EDUCATION (CE)

Do not submit any CE documentation to the Board’s office. SC Board of Medical Examiner licensees are to utilize the CE Broker system, www.cebroke.com, for reporting and maintaining all CEs required for SC licensure. The Board will conduct a random audit after the close of the renewal period.

Have you completed at least 30 hours of approved continuing education between June 1, 2019 and May 31, 2021? (If this is your first renewal since your initial permanent license, you are not required to report continuing education for this renewal. If this applies to you, please check Yes.)

Yes No

PERSONAL HISTORY QUESTIONS

If you answer “Yes” to any of the questions below, submit a detailed letter of explanation along with any other relevant documentation. If this is your first renewal since your initial license, the response should be from the time the license was granted.

1. Since you last renewed your license, have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony of any kind or a non-felony crime involving drugs or moral turpitude? Yes No

2. Since you last renewed your license, has any Order or other disciplinary action been rendered against you by any state medical board (other than SC Board) or have you been denied licensure/certification by any other medical board or licensing authority? Yes No
3. Since you last renewed your license, have any hospital privileges been revoked, suspended, restricted, denied or voluntarily surrendered? (Include the relinquishment of privileges while under investigation or pending action for any reason. Do not include the relinquishment of privileges as a result of a personal decision.) Yes No
4. Since you last renewed your license, has your ability to practice respiratory care been impaired by any physical, emotional or mental illness, whether temporary or permanent? Yes No
5. Since you last renewed your license, have you developed any disease or conditions, physical, mental or emotional (i.e. bipolar disease, schizophrenia, paranoia or any other psychotic disorder) that might interfere with your ability to competently and safely perform the essential functions of practice? (If you have voluntarily enrolled in Recovering Professionals Program (RPP) and have remained in full compliance, you may answer "No".) Yes No
6. Since you last renewed your license, have you been discharged involuntarily from employment? Yes No
7. Has there been any change in the status of your lawful presence in the United States since initial licensure? Yes No

PRACTICE ACTIVITY STATEMENT FOR LATE RENEWAL (RCP)

This form must be notarized.

Printed Full Name of Licensee: _____

RCP License No.: _____

1. I UNDERSTAND THIS IS A SWORN STATEMENT MADE UNDER OATH _____ (initial of licensee)
2. I HEREBY CERTIFY THAT I
 - a. HAVE **NOT** PRACTICED AS A RESPIRATORY CARE PRACTITIONER IN SOUTH CAROLINA SINCE THE LAPSE OF MY SOUTH CAROLINA RCP LICENSE ON **MAY 31, 2021.**
 - b. HAVE PRACTICED AS A RESPIRATORY CARE PRACTITIONER IN SOUTH CAROLINA SINCE THE LAPSE OF MY SOUTH CAROLINA RCP LICENSE ON **MAY 31, 2021.**

FOR LATE RENEWAL, YOU MUST ALSO PROVIDE ALL CME FOR THE RENEWAL PERIOD, PAY THE RENEWAL FEE OF \$75.00 AND LATE FEE OF \$75.00. (TOTAL \$150.00)

Signature of Licensee: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public Signature: _____

My Commission Expires: _____ (Seal)

ATTESTATION

I HEREBY swear/affirm I have read all questions on this renewal application and have answered truthfully, accurately and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina licensure.

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.