



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

**2023-2024 APPLICATION FOR RENEWAL OF MEDICAL (MD.DO)
 ACADEMIC LICENSE**

Renewal Instructions/Requirements:

- Check or money order only (no cash) in the amount of \$150 for one (1) year renewal made payable to the S.C. 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.)
- Applications must be postmarked on or before June 30, 2023. After June 30, 2023, practice is not allowed and the license will lapse.
- Beginning July 1, 2023, reactivation is required.
- If your educational facility dean has changed, attach a letter from your new educational facility dean.
- If your legal name has changed since your initial licensure or since your last renewal, please attach the legal documentation with this renewal form (marriage certificate, divorce decree, court order, etc.).

FOR BOARD USE ONLY	
Control No.	
Check No.	
Amount Paid	

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

SC Academic License No.: _____ Title: M.D. D.O.

Note for SC residents: To find your congressional district you may go to: <http://www.scstatehouse.gov/legislatorssearch.php>

LICENSEE INFORMATION

Last Name: _____ First: _____ Middle: _____

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)

Home Phone No.: _____

Email: _____

SOUTH CAROLINA PRACTICE INFORMATION

Hospital Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Office Telephone No.: _____

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. ****If you are currently enrolled in the Recovering Professional Program (RPP), you may answer “No” to this question.**

- 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 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 entity? Yes No
- 3. Since your last renewal (or if this is your first renewal since your initial license application), have you had hospital privileges denied, revoked, suspended or restricted in any way? Yes No
- 4. Since your last renewal (or if this is your first renewal since your initial license application), have you voluntarily surrendered 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. Is your medical license currently restricted in any way by any medical licensing board, or other entity? Yes No
- 8. Since your last renewal (or if this is your first renewal since your initial license application), have you had a malpractice lawsuit, judgment or settlement filed against you? Yes No
If yes, how many? _____
- 9. 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 might interfere with your ability to competently and safely perform the essential functions of practice? (If you have 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.) Yes No
- 10. 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 one month or more? 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, pled guilty or nolo contendere to a felony of any kind or to a non-felony crime involving drugs or moral turpitude? Yes No

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: _____

I hereby recommend the renewal of this Academic License.

Dean'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.