



South Carolina Department of Labor, Licensing and Regulation

**South Carolina Board of Medical Examiners**

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**REQUIREMENTS FOR EXEMPTION FOR VENTILATION BY  
NON-RESPIRATORY CARE**

**GENERAL INFORMATION**

You must be a healthcare professional who is licensed by the State or an individual who has proven competency in one or more of the functions included in the definition of the practice of respiratory care. Certified Nurse Anesthetists and Certified Paramedical and Emergency Medical Technicians (EMT's) are exempt from this regulation so long as they are certified or licensed by the State and do not hold themselves out as respiratory care practitioners or practice respiratory care.

**REQUIREMENTS FOR LICENSURE**

In order to qualify for exemption, the applicant must file an exemption application provided by the Board, and meet the following requirements:

1. Submit a copy of the course description and faculty who provided the formal training;
2. Submit proof of initial ongoing competency assessment in the application of artificial pressure adjuncts to the respiratory system; and
3. Submit information regarding their employment status and employment setting.
4. Provide proof of formal training in the application of artificial pressure adjuncts to the respiratory system:
  - A. Set-up, application, troubleshooting, and maintenance of artificial pressure adjuncts:
    1. Continuous Positive Airway Pressure (CPAP)
    2. Bi-Level Positive Airway Pressure (BIPAP)
    3. Invasive mechanical Ventilation (via artificial airway)
  - B. Patient assessment and ongoing response to application of artificial pressure adjuncts to the respiratory system:
    1. Pulse oximetry
    2. Specimen collection (i.e.; arterial blood gas analysis)
    3. Pulmonary function testing (weaning parameters)
    4. Ventilator settings
    5. Exhaled tidal volume
    6. Analysis of fraction of inspired oxygen
    7. Plan of care
  - C. Indication, contra-indication, and hazards associated with the application of artificial pressure adjuncts to the respiratory system.
  - D. Response to emergencies associated with the application of artificial pressure adjuncts to the respiratory system:
    1. Power failure
    2. Accidental loss of an artificial airway
    3. Equipment failure
  - E. Infection control procedures associated with the application of artificial pressure adjuncts to the respiratory system.
  - F. Appropriate return demonstrations in the use of and application of all previously described criteria.



## APPLICATION FOR EXEMPTION FOR VENTILATION BY NON-RESPIRATORY CARE

**Include with your application:**

- Application fee of \$50 in the form of a check or money order (no cash) 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.)
- Copy of your valid Driver’s License, State Issued ID, Passport or Military ID
- Copy of your Social Security card
- Legal documentation of name change (marriage certificate, divorce decree, etc.), if applicable
- Certificate of Accreditation
- Positive Airway Pressure (PAP) Titration course, if applicable
- Competency Check-off, if applicable
- Basic Life Support (BLS) (CPR)
- Registered Polysomnographic Technologist (RPSGT), if applicable

**Applying for (Check one only):**

Training Exemption

Additional required documentation:

- Supervisor (RCP or RPSGT)

**\*\* This exemption is valid for 3 years until Pap Titration passed and/or RCP or RPSGT license/registration received \*\***

Permanent Training with Supervision Exemption

Additional required documentation:

- Supervisor (RCP or RPSGT)
- PAP Titration Course
- Competency check-off

Permanent Exemption

Additional required documentation:

- RPSGT Certificate

**APPLICANT INFORMATION**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Have you ever 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: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Place of Birth (City, State or Country): \_\_\_\_\_

Race: \_\_\_\_\_ Gender:  Female  Male  
(for statistical purposes only)

**BUSINESS INFORMATION**

Professional Job Title: \_\_\_\_\_

License/Certificate No.: \_\_\_\_\_

License/Certificate Issue by: \_\_\_\_\_  
(Department or State Board)

SC Medical Director: \_\_\_\_\_

Business Address: \_\_\_\_\_

*Attach copies of course description and/or certificates of training, accreditation of facility.*

**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 as a Respiratory Care Practitioner 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)*

## **PRIVACY DISCLOSURE**

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. 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 the application 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 services.



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)