



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 MD-DO LIMITED LICENSE APPLICATION FOR RENEWAL  
 6 MONTH RENEWAL**

**Renewal Instructions/Requirements:**

- Submit \$75 for six (6) months 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 submitted on or before June 30, 2021.
- After June 30, 2021, licenses will lapse. Practice is not allowed after June 30, 2021.
- If your Supervising Physician has changed, go here to download and submit a Supervising Physician form: <https://eservice.llr.sc.gov/DocumentSubmission/>
- Training Contract – A letter from the institution stating that you have been recommended for a medical residency training program or a fellowship. The recommendation letter must be submitted directly to the board office by mail or email from the institution. A copy of the Residency/Fellowship contract submitted by the institution is also acceptable.
- If you have had a legal name change since your last application, please attach the legal documentation with this renewal form (marriage certificate, divorce decree, court documentation, etc.).

If you would like your name added to the SC Statewide Emergency Registry of Volunteers, please visit: [www.scserv.gov](http://www.scserv.gov).

SC Limited License No.: \_\_\_\_\_

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)

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**Business Name:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone No.: \_\_\_\_\_ Type of Training/Practice: \_\_\_\_\_

**(Over)**

**PERSONAL HISTORY QUESTIONS**

If you answer Yes to any of the below questions, please attach a detailed written explanation along with any supporting documentation.

- 1. Since your last renewal (or if this is your first renewal since your initial license application), has any Order or other disciplinary action been rendered against you by any governmental professional licensing body (other than SC Board of Medical Examiners)?  Yes  No
- 2. Since your last renewal (or if this is your first renewal since your initial license application), have any hospital privileges or other professional privileges of any kind been revoked, suspended, restricted, denied, voluntarily surrendered or relinquished? (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
- 3. Since your last renewal (or if this is your first renewal since your initial license application), have you experienced 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” with respect to any condition involving abuse of alcohol or drugs.)  Yes  No
- 4. 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
- 5. Since your last renewal (or if this is your first renewal since your initial license application), have you voluntarily restricted or curtailed your practice other than for retirement, family leave or vacation?  Yes  No
- 6. Since your last renewal (or if this is your first renewal since your initial license application), have you changed your specialty?  Yes  No
- 7. Since your last renewal (or if this is your first renewal since your initial license application), has there been any change in the status of your lawful presence in the United States?  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: \_\_\_\_\_

**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.