



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Medical Examiners**  
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## OFFICE-BASED SURGERY REGISTRATION FORM

S.C. Code of Regulations 81-96 provides that any physician performing Level II or Level III office-based surgery or procedures that require the administration of moderate or deep sedation/analgesia, or general anesthesia, must register with the South Carolina Board of Medical Examiners. The offices in which any physician performs such surgery or procedures must be accredited by an accreditation agency within the first year of operation. Acceptable accreditation agencies are set forth in more detail in the regulation.

Whether a surgery or procedure qualifies as Level II or Level III is dependent only on the level of sedation/analgesia administered—not the procedure actually performed. The full definitions of Level II and Level III procedures are set forth in full in the regulation.

Physicians performing only Level I office-based surgery or procedures are not required to register. Level I surgery and procedures are minor procedures in which preoperative medication and/or unsupplemented local anesthesia is used in quantities equal to or less than the manufacturer’s recommended dose adjusted for weight and where the likelihood of complications requiring hospitalization is remote. Please see the regulation for the full definition of Level I surgery.

Finally, this regulation does not apply to physicians performing procedures in a hospital or any other facility licensed by DHEC. Physicians performing procedures in these settings, only, are not required to register.

Physicians required to register must provide each address at which Level II or Level III office surgery is performed and identification of the accreditation agency that accredits each location.

This form should be sent to the SC Board of Medical Examiners by email: [medboard@llr.sc.gov](mailto:medboard@llr.sc.gov).

### PHYSICIAN INFORMATION

Physician’s Full Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Location Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Accreditation agency that accredits each location: \_\_\_\_\_