



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Medical Examiners
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2019-2021 LATE RENEWAL APPLICATION FOR PHYSICIAN ASSISTANT

Renewal Instructions/Requirements:

- Mail completed application and renewal fee in the form of a check or money order (no cash) in the amount of **\$45.00** made payable to the S.C. Board of Medical Examiners to the address listed above. (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.)
- **Renewal/Late Fee:**
After December 31, 2019, licenses are lapsed.
Submit this late renewal application, the renewal fee of **\$45** and late fee of **\$45**, for a total of **\$90**.
- Mail a current copy of NCCPA certificate.
- **Continuing Education Requirements:** For Physician Assistants with controlled substance prescriptive authority, Section 40-47-965(B)(3) requires: "every two years, the physician assistant shall provide documentation of four continuing education hours related to approved procedures of prescribing and monitoring controlled substances listed in Schedules II, III, and IV of the schedules provided for in Sections 44-53-210, 44-53-230, and 44-53-250.

SC License No.: _____

To find your Congressional District: <http://www.scstatehouse.gov/legislatorssearch.php>

LICENSEE INFORMATION

Last Name: _____ First: _____ Middle: _____

Since you were licensed, have you legally changed your name? Yes No Maiden 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.: _____ Fax No.: _____

Email: _____

Business Name (Primary Location of Practice): _____

Business Address: _____

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

Business Phone No.: _____ Business Fax No.: _____

Business Email: _____

Supervising Physician's Name for Primary Location: _____

Supervisor's SC License No.: _____ Supervisor's Practice Setting: _____

Supervisor's Type of Practice: _____

Number of Hours Worked Per Week in the Presence of Supervisor: _____

Business Name (Secondary Location of Practice): _____

Business Address: _____

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

Business Phone No.: _____ Business Fax No.: _____

Business Email: _____

Supervising Physician's Name for Secondary Location: _____

Supervisor's SC License No.: _____ Supervisor's Practice Setting: _____

Supervisor's Type of Practice: _____

Number of Hours Worked Per Week in the Presence of Supervisor: _____

Business Name (Third Location of Practice): _____

Business Address: _____

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

Business Phone No.: _____ Business Fax No.: _____

Business Email: _____

Supervising Physician's Name for Third Location: _____

Supervisor's SC License No.: _____ Supervisor's Practice Setting: _____

Supervisor's Type of Practice: _____

Number of Hours Worked Per Week in the Presence of Supervisor: _____

Total Number of Hours Worked Per Week in the Presence of All Supervisors: _____

Activity Status: (Check only one)

Currently practicing profession Not currently practicing profession Retired Out-of-State _____
(Specify)

Primary Practice Setting: (Where patients are seen initially)

- | | | |
|---|--|---|
| <input type="checkbox"/> Hospital, Non-Federal General | <input type="checkbox"/> Hospital, Non-Federal Psychiatric | <input type="checkbox"/> Hospital, Non-Federal Rehab |
| <input type="checkbox"/> Federal, Military Health Facility | <input type="checkbox"/> Federal, Non-Military Health Facility | <input type="checkbox"/> Freestanding Outpatient Clinic |
| <input type="checkbox"/> Freestanding Ambulatory Surgery Center | <input type="checkbox"/> Freestanding Emergency/Urgent Care | <input type="checkbox"/> Private Office |
| <input type="checkbox"/> University/College of Medicine | <input type="checkbox"/> Administrative/Regulatory Health | <input type="checkbox"/> Business Establishment |
| <input type="checkbox"/> Other: (Specify) _____ | | |

Type of Practice: (Source of Income)

- | | | |
|--|---|---|
| <input type="checkbox"/> Other Private Employer | <input type="checkbox"/> Local Government | <input type="checkbox"/> Self, Solo |
| <input type="checkbox"/> Self; Group, Same Specialty | <input type="checkbox"/> Self; Group, Multi-Specialty | <input type="checkbox"/> Non-Profit Health Agency |
| <input type="checkbox"/> State Government | <input type="checkbox"/> Federal, Military | <input type="checkbox"/> Federal, Civilian |
| <input type="checkbox"/> Other: (Specify) _____ | | |

List all South Carolina hospital affiliations you presently have:

- _____
- _____
- _____
- _____
- _____

EXPANDED RX AUTHORITY QUESTIONS

1. Do you have a South Carolina DHEC/DEA Controlled Substance Registration? Yes No
 If Yes, list your scheduled Rx Authority class: _____
2. Have you completed the required 4 hours of continuing education in controlled substance prescribing? Yes No

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 taken against you by any health professional licensing body or agency (other than the 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 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
3. Since your last renewal (or if this is your first renewal since your initial license application), has your ability to practice as a physician assistant been impaired by any physical, emotional or mental illness or condition, whether temporary or permanent, 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” as to any alcohol or substance abuse.)** 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 in any jurisdiction of a felony of any kind or of a non-felony crime involving moral turpitude? Yes No
5. 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

If you are willing for your name to be added to a list of volunteer Physician Assistants who may be called upon in the event of a public health emergency situation, please check this box:

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.

Select one:

- I certify that I **have not** practiced as a Physician Assistant in South Carolina since the lapse of my license on December 31, 2019.
- I certify that I **have** practiced as a Physician Assistant in South Carolina since the lapse of my license on December 31, 2019.

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.