



South Carolina
Department of Labor, Licensing and Regulation



Board of Medical Examiners

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Columbia, SC 29211-1289
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Henry D. McMaster
Governor

Emily H. Farr
Director

2019-2021 Anesthesiologist's Assistant Late Renewal Application

Name: _____ License #: _____

Renewal Instructions

- 1. Complete all questions and blank spaces on this renewal application. Incomplete applications will be returned.
2. Make any necessary corrections and attach additional sheets as necessary.
3. If your name has changed, please provide the Board with a copy of the legal document.
4. Mail completed application and biennial renewal fee of \$295 plus \$295 late fee made payable to LLR-Board of Medical Examiners...
5. Please visit our webpage at www.llronline.com/POL/Medical if you have any questions.

Home Address: _____ Business Address: _____ Mailing Address: _____

County: _____ Phone: _____ Fax: _____ E-Mail: _____

Supervising Physician or Anesthesiologist: _____ Type of Practice: _____
Supervisor's Lic No: _____ Hrs./Wk: _____

Activity Status (check only one).
[] 01| Currently practicing profession [] 02| Not currently practicing profession [] 08| Retired

Primary Setting of Practice (Where patients are seen initially).

- [] 11| Hospital, Non-federal general [] 23| Hospital, Non-federal psychiatric [] 24| Hospital, Non-federal rehab
[] 21| Federal, Military health facility [] 22| Federal, Non-military health facility [] 13| Freestanding outpatient clinic
[] 27| Freestanding ambulatory surgery center [] 29| Freestanding emergency/urgent care [] 15| Private office
[] 31| University/College of Medicine [] 44| Administrative/Regulatory health [] 50| Business Establishment
[] 71| Other, Specify _____

Form of Practice (Source of Income).

- [] 25| Other private employer [] 31| Local Government [] 11| Self; Solo [] 13| Self; Group, same specialty
[] 14| Self; Group, multi-specialty [] 28| Non-profit health agency [] 33| State government [] 35| Federal, Military
[] 34| Federal, Civilian [] 42| Other, Specify _____

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2019-2021 Anesthesiologist Renewal Application

1. Please check this box if you are willing for your name to be added to a list of volunteer Anesthesiologist's Assistants who may be called upon in the event of natural disaster.

Answer "Yes" or "No" to each of the following questions. If your answer is "Yes" to any of the questions below, you must attach a full written explanation.

2. Since your last renewal, has any Order or other disciplinary action been rendered against you by any Medical Board (other than SC Board) or have you been denied licensure by any other Medical Board? Yes No
3. Since your last renewal, 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
4. Since your last renewal, has your ability to practice as an Anesthesiologist's Assistant been impaired by any physical, emotional or mental illness, whether temporary or permanent? Yes No
5. Since your last renewal, have you been treated for any physical, mental, or emotional conditions that might interfere with your ability to competently and safely perform the essential functions of practice? Yes No
6. Since your last renewal, have you developed 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".) Yes No
7. Since your last renewal, have you been convicted, pled guilty or pled nolo contendere for violation of any federal, state or local law (other than minor traffic violations)? Yes No
8. Since your last renewal, have you been discharged involuntarily from employment? Yes No
9. Has there been any change in the status of your lawful presence in the United States since initial licensure? If yes, attach supporting documentation. Yes No

NCCAA Certificate No. _____ Expiration Date _____

I have carefully 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 license and rejection of this application or delay in processing.

Signature _____ Date _____

South Carolina Law requires the agency 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 services. In order to better protect the information you provide, please provide the Department with the following information that may be released to the public upon request: a public mailing address, a public email address and a public telephone number.