

South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Medical Examiners

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llr.sc.gov/med

2021-2023 LATE RENEWAL APPLICATION FOR REGISTERED CARDIOVASCULAR INVASIVE SPECIALIST

Renewal Instructions/Requirements:

- Biennial renewal fee of \$80 in the form of a check or money order only (no cash) made payable to the S.C. 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.)
- Current CCI Certification (Cardiovascular Credential International)
- Practice Protocol
- Applications must be postmarked on or before June 30, 2021.
- Practice is not allowed after June 30, 2021.
 (Late Renewals are accepted July 1, 2021 March 31, 2022)
- The Late Renewal application must be postmarked by U.S. Post Office on or before March 31, 2022. After March 31, 2022, your license will expire and a new application would be required.
- If your Supervising Cardiologist/Supervisor and Practice locations have changed, please indicate on this renewal application for update.

		SC License No.:			
Note for SC Residents: To find your	Congressional District you may	go to: http://www.scs	tatehouse.gov/legislat	orssearch.php	
LICENSEE INFORMATION					
Last Name:	First:		Middle:		
Since you were licensed, have y If yes, please submit legal docu					
Home Address:	City:	State:	Zip:	District:	
			Congressional Distri	ct (SC Residents Only)	
Mailing Address:		City:	State:	Zip:	
	If different than above)			-	
Phone No.:		Fax No.:			
Email:					
Business Name:					
Business Address:		City:	State:	Zip:	
Business Phone No.:		Business Fa	x No.:		
Business Email:					

CONTINUING EDUCATION (CE)

Please submit a copy of your current registration with Cardiovascular Credentialing International and provide satisfactory evidence that your practice protocol is in place and signed by each supervising cardiologist.

Activity Status (Check one omy):					
☐ Active Practice, in SC	☐ Active Practice, Out-of-State:				
☐ Active Practice, Volunteer work o	☐ Not Currently Practicing, Disabled				
☐ Not Currently Practicing, Seeking	Licensed Practice	☐ Retired			
☐ Not Currently Practicing, Not Seel	king Licensed Practice	☐ Other			
Primary Practice Setting: (Where p	atients are seen)				
11 Hospital, Non-Federal General 21 Federal, Military Health Facility 12 Nursing Home/Other Institution 36 Tec/Junior College/Voc School 71 Other (Specify):	23 Hospital, Non-Federa 22 Federal, Non-Military 41 Patient Homes 33 Other College or Univ	/ Health Facility 13 Freestanding O/P Clinic 15 Private Office		ic	
Primary Practice Setting in South C	<u>Carolina</u>				
Supervising Cardiologist:	Su	upervising Cardiologist License No.:			
County:	Setting: (Codes liste	d above)	Hrs./Wk.:		
Check here to use business address	information from Page	1: 🗆			
Employer Name:					
Street Address:					
City, State, Zip:					
Secondary Practice Setting in South	h Carolina				
Supervising Cardiologist:	Su	pervising Cardio	logist License No	.:	
County:	Setting: (Codes liste	d above)	Hrs./Wk.:		
Employer Name:					
Street Address:					
City, State, Zip:					
PERSONAL HISTORY QUESTION If you answer Yes to any of the below supporting documentation.		a detailed writter	explanation alon	ıg with ar	ny
1. Is your ability to practice currently physical, emotional or mental conto the extent that it might interfer of practice? (If you have voluntar and have remained in full complications).	ndition or illness or alcohole with your ability to safe illy enrolled in the Recove	ol or substance ab ely perform the es ering Professiona	ouse or addiction sential functions <i>ls Program (RPP)</i>) □ Yes	□No
2. Since your last renewal (or if this has your Cardiovascular Invasive reprimanded, restricted, placed or professional or occupational licer	Specialist registration/lic n probation or have you o	eense been revoke	ed, suspended,	□Yes	□No
3. Since your last renewal (or if this has your privilege to work in a hor restricted, denied or surrendered? under investigation or pending divoluntary relinquishment of work	ospital or other health card This includes the relinquisciplinary action for any	e facility been revalshment of work reason. This does	oked, suspended, privileges while not include	_	□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	□Yes	□No
	non-felony crime involving drugs or moral turpitude?	□ i es	□ 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
I F	TTESTATION HEREBY swear/affirm I have read all questions on this renewal application and have answurately and completely. I hereby acknowledge that failure to answer these questions truthfull impletely shall constitute cause for the initiation of disciplinary action against my South Carolin	ly, accura	ately and
Sig	gnature: 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.