



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

llr.sc.gov/med

2023-2025 LATE RENEWAL APPLICATION FOR ANESTHESIOLOGIST'S ASSISTANT

Renewal Instructions/Requirements:

- Check or money order only (no cash) in the amount of \$295 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.)
- **Biennial Renewal / Late Fees:**
Renewed/postmarked on or before 12/31/2023: Renewal Fee **\$295**
Renewed/postmarked 1/1/2024 - 12/31/2024: Late Fee \$295 + Renewal Fee \$295 = **\$590**
- Licenses not renewed by December 31, 2023, will lapse. **If a license is lapsed for four (4) years or more, it will become null and void and may not be reinstated. (**Must reapply**)**
- Practice is not allowed after December 31, 2023.
- Copy of current NCCAA certificate.
- "SC Code 40-47-41(C) A licensee shall notify the Board in writing within fifteen business days of any change of residential address, office address, or office telephone number." Failure to maintain a current address could result in important correspondence not reaching you.

If you would like your name added to the SC Statewide Emergency Registry of Volunteers, please visit:

<https://scdhec.gov/BetterImpact>

SC License No.: _____

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

LICENSEE INFORMATION

Last Name: _____ First: _____ Middle: _____

Since your last renewal (or if this is your first renewal, since you were first licensed), have you legally changed your name? ☐ Yes ☐ No Prior Last 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: _____
(Required)

Current Activity Status (Check one only):

- | | |
|--|---|
| <input type="checkbox"/> Active Practice, in SC | <input type="checkbox"/> Active Practice, Out-of-State: _____ |
| <input type="checkbox"/> Active Practice, Volunteer work only | <input type="checkbox"/> Not Currently Practicing, Disabled |
| <input type="checkbox"/> Not Currently Practicing, Seeking Licensed Practice | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Not Currently Practicing, Not Seeking Licensed Practice | <input type="checkbox"/> Other |

PRIMARY EMPLOYMENT INFORMATION

Business Name (Primary Place of Practice): _____

Business Address: _____ City: _____ State: _____ Zip: _____

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

Avg. Hours/week: _____

Supervising Anesthesiologist: _____ Supervisor's License No.: _____

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) | | |

Form of Practice: (Source of Income)

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

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 physical or mental disease or condition, including an addiction to drugs or alcohol, that currently interferes with your ability to competently and safely perform the essential functions of practice? (If you are voluntarily enrolled in the Recovery Professionals Program (RPP) and have remained in full compliance, you may answer "No" with respect to any condition involving abuse of alcohol or drugs. If you have a physical or mental disease or condition that is appropriately being treated and does not currently impair your judgment or otherwise adversely affect your ability to practice, you may answer "No.") ☐ 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? ☐ 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

PRACTICE ACTIVITY STATEMENT FOR LATE RENEWAL (AA)

1. I UNDERSTAND THIS IS A SWORN STATEMENT MADE UNDER OATH _____ (initial of licensee)
2. I HEREBY CERTIFY THAT
 - ☐ I HAVE **NOT** PRACTICED AS AN ANESTHESIOLOGIST'S ASSISTANT IN SOUTH CAROLINA SINCE THE LAPSE OF MY SOUTH CAROLINA AA LICENSE ON **DECEMBER 31, 2023.**
 - ☐ I HAVE PRACTICED AS AN ANESTHESIOLOGIST'S ASSISTANT IN SOUTH CAROLINA SINCE THE LAPSE OF MY SOUTH CAROLINA AA LICENSE ON **DECEMBER 31, 2023.**

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.

Signature of Licensee: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public Signature: _____

Print Notary Name: _____

Notary for the State of: _____

My Commission Expires: _____

(Seal)

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.