South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Medical Examiners
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Phone: 803-896-4500 • Medboard@llr.sc.gov • Fax: 803-896-4515
llr.sc.gov/med

2023-2025 RESPIRATORY CARE PRACTITIONER LATE RENEWAL APPLICATION

Renewal Instructions/Requirements:

- $150 (Late Fee $75 + Renewal Fee $75) in the form of a check or money order only (no cash) made payable to LLR-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.)
- Proof of completing 30 CME hours (Certificates ONLY)
- If your Medical Director has changed, please email the board the updated Medical Director Name and License number.

If you would like your name added to the SC Statewide Emergency Registry of Volunteers, please visit: https://scdhec.gov/BetterImpact

LICENSEE INFORMATION

Name: _____ Profession: _____ License No.: _____

Since you were licensed, have you legally changed your name? ☐ Yes ☐ No Prior Name: _____
If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different than above)

Phone No.: _____ Email: _____

Business Name: _____ Business Phone: _____

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

Current Activity Status (check one only):

☐ Active Practice, in SC
☐ Active Practice, Volunteer work only
☐ Not Currently Practicing, Seeking Licensed Practice
☐ Not Currently Practicing, Not Seeking Licensed Practice
☐ Active Practice, Out-of-State: _____
☐ Not Currently Practicing, Disabled
☐ Retired
☐ Other: _____

PRACTICE INFORMATION

Primary Practice

Name of Employer: _____ Estimated Hrs. Per Week: _____

Employer Address: _____

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

Medical Director: _____ Medical Director License No.: _____

Primary Practice Setting (Check one only):

- ☐ Academic Setting (Teaching/Research)
- ☐ Federal Health Facility (VA, MIL, NIH, HIS, etc.)
- ☐ Home Health/DME
- ☐ Hospital-Emergency Room/Dept.
- ☐ Hospital-Inpatient (General/Acute)
- ☐ Hospital-Inpatient (ICU, CCU, NICU, etc.)
- ☐ Hospital (Sub-Acute)
- ☐ Manufacturer/Distributor
- ☐ Nursing Home/SNF/Other Institutional Setting
- ☐ Outpatient Facility/Physician Office
- ☐ Sleep Center/Diagnostic Center
- ☐ Transportation Services
- ☐ Other Setting: _____

Secondary Practice

Name of Employer: _____ Estimated Hrs. Per Week: _____

Employer Address: _____

Employer County: _____ City: _____ State: ____ Zip: _____

Medical Director: _____ Medical Director License No.: _____

Secondary Practice Setting (Check one only):

- ☐ Academic Setting (Teaching/Research)
- ☐ Federal Health Facility (VA, MIL, NIH, HIS, etc.)
- ☐ Home Health/DME
- ☐ Hospital-Emergency Room/Dept.
- ☐ Hospital-Inpatient (General/Acute)
- ☐ Hospital-Inpatient (ICU, CCU, NICU, etc.)
- ☐ Hospital (Sub-Acute)
- ☐ Manufacturer/Distributor
- ☐ Nursing Home/SNF/Other Institutional Setting
- ☐ Outpatient Facility/Physician Office
- ☐ Sleep Center/Diagnostic Center
- ☐ Transportation Services
- ☐ Other Setting: _____

PERSONAL HISTORY QUESTIONS

If you answer "Yes" to any of the questions below, submit a detailed letter of explanation along with any other relevant documentation. If this is your first renewal since your initial license, the response should be from the time the license was granted.

1. Since you last renewed your license, have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony of any kind or a non-felony crime involving drugs? ☐ Yes ☐ No

2. Since you last renewed your license, has any Order or other disciplinary action been rendered against you by any state medical board (other than SC Board) or have you been denied licensure/certification by any other medical board or licensing authority? ☐ Yes ☐ No

3. Since you last renewed your license, 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 (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

5. Since you last renewed your license, have you been discharged involuntarily from employment? ☐ Yes ☐ No

6. Has there been any change in the status of your lawful presence in the United States since initial licensure? ☐ Yes ☐ No

PRACTICE ACTIVITY STATEMENT FOR LATE RENEWAL (RCP)

1. I UNDERSTAND THIS IS A SWORN STATEMENT MADE UNDER OATH _____ (initial of licensee)
2. I HEREBY CERTIFY THAT

☐ I HAVE **NOT** PRACTICED AS A RESPIRATORY CARE PRACTITIONER IN SOUTH CAROLINA SINCE THE LAPSE OF MY SOUTH CAROLINA RCP LICENSE ON **MAY 31, 2023.**

☐ I HAVE PRACTICED AS A RESPIRATORY CARE PRACTITIONER IN SOUTH CAROLINA SINCE THE LAPSE OF MY SOUTH CAROLINA RCP LICENSE ON **MAY 31, 2023.**

FOR LATE RENEWAL, YOU MUST ALSO PROVIDE ALL CME FOR THE RENEWAL PERIOD, PAY THE RENEWAL FEE OF $75.00 AND LATE FEE OF $75.00. (TOTAL $150.00)

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: _____

My Commission Expires: _____ *(Seal)*

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.