South Carolina Department of Labor, Licensing and Regulation
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

2021-2023 RENEWAL APPLICATION FOR PHYSICIAN ASSISTANT

Renewal Instructions/Requirements:

- Check or money order only (no cash) in the amount of $45 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 12/31/2021: Renewal Fee **$45**
  Renewed/postmarked 1/1/2022 - 12/31/2022: Late Fee $45 + Renewal Fee $45 = **$90**
  After 12/31/2022, reactivation of license is required.
- Applications must be postmarked on or before December 31, 2021. After December 31, 2021, license is lapsed and practice is not allowed.
- January 1, 2022, late renewal application is required.
- Current copy of NCCPA certificate from NCCPA website https://portal.nccpa.net/verifypac
- **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.
- DO NOT SUBMIT continuing education certificates to the board. The Board will not maintain copies. A random audit will be conducted at the end of the renewal period requiring proof of CME documentation. To maintain your CME, licensees may submit their continuing education hours to CE Broker prior to renewing. You can activate your free CE Broker account using the following link: www.cebroker.com/sc/account/basic.
- "SC Code 40-47-41(C) A licensee shall notify the Board in writing within fifteen business days of any change or 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: www.scserv.gov.

SC License No.: _____

Note for SC Residents: To find your Congressional District you may go to: 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.: _____ Email: _____

Note: If you need to add an Employer/Supervising Physician or terminate an existing Supervising Physician relationship, submit the requests through the PA Scope of Practice Guidelines Portal: https://llr.sc.gov/med/pub.aspx

Supervising Physician's Name: _____ SC License No.: _____

Alternate Supervising Physician's Name: _____ SC License No.: _____

Alternate Supervising Physician's Name: _____ SC License No.: _____

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

Do you use telemedicine to deliver services to patients located in South Carolina? ☐ Yes ☐ No

PRIMARY LOCATION OF PRACTICE

Business Address: _____

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

No. of Hours Worked Per Week: _____

Primary Practice Setting: (Where patients are seen initially)

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

Type of Practice: (Source of Income)

- ☐ Other Private Employer
- ☐ Local Government
- ☐ Self, Solo
- ☐ Self; Group, Same Specialty
- ☐ Self; Group, Multi-Specialty
- ☐ Non-Profit Health Agency
- ☐ State Government
- ☐ Federal, Military
- ☐ Federal, Civilian
- ☐ Other: (Specify) _____

SECONDARY LOCATION OF PRACTICE

Business Address: _____

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

No. of Hours Worked Per Week: _____

Secondary Practice Setting: (Where patients are seen initially)

- ☐ Hospital, Non-Federal General
- ☐ Hospital, Non-Federal Psychiatric
- ☐ Hospital, Non-Federal Rehab
- ☐ Federal, Military Health Facility
- ☐ Federal, Non-Military Health Facility
- ☐ Freestanding Outpatient Clinic
- ☐ Freestanding Ambulatory Surgery Center
- ☐ Freestanding Emergency/Urgent Care
- ☐ Private Office
- ☐ University/College of Medicine
- ☐ Administrative/Regulatory Health
- ☐ Business Establishment
- ☐ Other

Secondary Type of Practice: (Source of Income)

☐ Other Private Employer	☐ Local Government	☐ Self, Solo
☐ Self; Group, Same Specialty	☐ Self; Group, Multi-Specialty	☐ Non-Profit Health Agency
☐ State Government	☐ Federal, Military	☐ Federal, Civilian
☐ Other		

THIRD LOCATION OF PRACTICE

Business Address: _____

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

No. of Hours Worked Per Week: _____

Third Practice Setting: (Where patients are seen initially)

☐ Hospital, Non-Federal General	☐ Hospital, Non-Federal Psychiatric	☐ Hospital, Non-Federal Rehab
☐ Federal, Military Health Facility	☐ Federal, Non-Military Health Facility	☐ Freestanding Outpatient Clinic
☐ Freestanding Ambulatory Surgery Center	☐ Freestanding Emergency/Urgent Care	☐ Private Office
☐ University/College of Medicine	☐ Administrative/Regulatory Health	☐ Business Establishment
☐ Other		

Third Type of Practice: (Source of Income)

☐ Other Private Employer	☐ Local Government	☐ Self, Solo
☐ Self; Group, Same Specialty	☐ Self; Group, Multi-Specialty	☐ Non-Profit Health Agency
☐ State Government	☐ Federal, Military	☐ Federal, Civilian
☐ Other		

For **ALL** work locations – Number of Hours Worked Per Week: _____

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? (Not applicable, if this is your first renewal) ☐ Yes ☐ No ☐ N/A

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), 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
2. 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
3. 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

4. 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

5. Since your last renewal (or if this is your first renewal since your initial license application), have you been discharged involuntarily from employment? ☐ Yes ☐ No

6. 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

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.

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.