



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 • Fax: 803-896-4515  
 llr.sc.gov/med

**TEMPORARY LIMITED AUTHORITY FOR RETIRED, INACTIVE OR LAPSED  
 PHYSICIANS OR PHYSICIAN ASSISTANTS TO ADMINISTER COVID-19 VACCINES**

This application is to be completed by a retired, inactive, or lapsed SC Physician or Physician Assistants who was in good standing at the time they last held an active license and has been inactive no more than five (5) years. This is for Physicians or Physicians Assistants who are interested in assisting with the administration of the COVID-19 vaccine during the pendency of the COVID-19 public health emergency and as authorized pursuant to the Joint Order of the South Carolina Department of Health and Environmental Control, Board of Medical Examiners, and Board of Nursing issued on January 14, 2021.

Email the completed application to [medboard@llr.sc.gov](mailto:medboard@llr.sc.gov)

An email will be sent to the applicant verifying that the Board has granted temporary limited authority to administer the COVID-19 vaccine. The limited authority will be valid for the pendency of the COVID-19 public health emergency unless amended or altered by order of DHEC or the South Carolina Board of Medical Examiners.

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: Female Male

**LICENSURE INFORMATION:**

Last State of Licensure: \_\_\_\_\_ License No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Employer/Agency/Facility (If known at this time) \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**I HEREBY affirm that at the time I ceased being licensed with a state Board of Medical Examiners my license was in good standing. I further affirm that I have read the DHEC-BME-BON Order regarding the temporary authorization to administer COVID-19 vaccines and understand the limitations on this temporary authorization. I understand that this authorization is not a license to practice medicine, nor does it grant an authorization to prescribe or order any legend drug or device.**

Applicant signature \_\_\_\_\_ Date: \_\_\_\_\_

**\* The disclosure of the social security number for identification purposes is authorized and mandated by state and federal statutes. The social security number is not subject to disclosure as public information.**