



**APPLICATION TO PRACTICE AS A PHYSICIAN ASSISTANT 90-DAY  
 TEMPORARY EMERGENCY LICENSE**

**Submit with your application:**

- Copy of your Social Security Card
- Copy of your valid Driver’s License, State Issued ID, Passport or Military ID
- Copy of the website verification from ALL states of licensure
- DO NOT FAX. Email complete applications to [medboard@llr.sc.gov](mailto:medboard@llr.sc.gov)
- Email must include Adobe scan of the application, not a photo of the application
- INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

**APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Medical Specialty \_\_\_\_\_ Is this application for telemedicine? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of telemedicine company/employer: \_\_\_\_\_

Provide here a complete explanation of your reason for this application. Include anticipated practice site address and clinical tasks and activities.

**RECORD OF LICENSURE**

**You must be actively licensed and without disciplinary action in at least one other state to qualify for this license. Please attach the web verification from each state of licensure**

State/Jurisdiction	License No.

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**PERSONAL HISTORY INFORMATION**

If you answer yes to any of the below questions, you must attach a full written explanation.

1. Has your Physician Assistant license ever been revoked, suspended, reprimanded, restricted, disciplined, or placed on probation by a licensing board or other entity?  YES  NO
  
2. Have you ever had an application to practice as a Physician Assistant denied or refused by another medical licensing board or other entity?  YES  NO
  
3. Have you ever had any hospital or health care facility privileges denied, revoked, suspended or restricted in any way?  YES  NO
  
4. Have you ever voluntarily surrendered a medical license, controlled substance registration or DEA registration?  YES  NO
  
5. Have you ever resigned from any hospital, institution or health care facility in lieu of disciplinary action?  YES  NO
  
6. Are you currently under investigation or the subject of pending disciplinary action by any licensing board, health care facility or other entity?  YES  NO
  
7. Have you ever had a malpractice lawsuit, judgment filed against you or settled a medical malpractice claim? If yes, how many? \_\_\_\_\_  
(Complete a Malpractice Information Claim Form for each claim)  YES  NO
  
8. Are you currently being treated for any physical, mental or emotional condition that might interfere with your ability to competently and safely perform the essential functions of practice as a physician assistant?  YES  NO
  
9. Do you currently have any mental illness (e.g. bipolar disorder, schizophrenia, paranoia or any other psychotic disorder) or any physical illness or condition that might interfere with your ability to competently and safely perform the essential functions of practice?  YES  NO
  
10. Within the past two (2) years, has your ability to practice been impaired by any physical or mental illness or by the use of alcohol and/or drugs?  YES  NO
  
11. Have you ever discontinued practice as a Physician Assistant for any reason for three consecutive months or more?  YES  NO
  
12. Was your medical education / residency training interrupted other than for vacation periods or military service?  YES  NO
  
13. Has your ability to prescribe controlled substances ever been denied, revoked, suspended, or limited by any hospital, health care facility or other entity?  YES  NO
  
14. Have you ever been convicted, pled guilty or pled *nolo contendere* to a felony of any kind or to a non-felony crime involving drugs, fraud, deception, sexual misconduct, gross immorality or unauthorized practice?  YES  NO

## SIGNATURES

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**Applicant Signature**

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**Date**

### **PRIVACY DISCLOSURE**

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. 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 the application 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 services.