South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Medical Examiners
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llr.sc.gov/med

2025-2027 LATE RENEWAL APPLICATION FOR PHYSICIAN ASSISTANT

Renewal Instructions/Requirements:

- After December 31, 2025, license is expired and practice is not allowed.
  - January 1, 2026 - December 31, 2026, late renewal application is required.
  - After December 31, 2026, reactivation of license is required.
- **Biennial Renewal / Late Fees:**
  - Renewed/postmarked January 1, 2026 – December 31, 2026: Late Fee $45 + Renewal Fee $45 = **$90**
  - Check or money order only 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. Cash will not be accepted.)
- Current copy of NCCPA certificate from NCCPA website https://portal.nccpa.net/verifypac
- **Continuing Education Requirements:**
  - For physician assistants with controlled substance prescriptive authority, S.C. Code Section 40-47-965(B)(2) 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 Section 40-47-41(C) requires a licensee to "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: Better Impact

SC License Number: _____

LICENSEE INFORMATION

Last Name:_____ First:_____ Middle:_____

Since your last renewal (or initial licensure if this is your first renewal 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, court documents.)

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

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) _____

Form 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: _____

Number 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 Form 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: _____

Number 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 Form 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 DPH/DEA Controlled Substance Registration? ☐ Yes ☐ No

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 of, or pled guilty or nolo contendere to, a criminal offense of any kind, except a minor traffic offense? (A DUI or other similar offense involving alcohol or drugs while operating a vehicle is not a minor traffic offense and must be reported.) ☐ Yes ☐ No

   If yes, attach a detailed explanation, along with court documentation and a criminal background report issued from the state in which the incident took place.

   Reminder: Under S.C. Code § 40-47-41(D), you have a separate, continuous obligation to report any arrests to the Board within thirty (30) days.

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 you had an application to practice medicine denied or refused by another medical licensing board or other entity? ☐ Yes ☐ No

4. Since your last renewal (or if this is your first renewal since your initial license application), have you voluntarily surrendered or relinquished a medical license, controlled substance registration, or DEA registration? ☐ Yes ☐ No

5. Since your last renewal (or if this is your first renewal since your initial license application), has your employment been terminated by an employer for any reason or have you resigned from any hospital, institution, or health care facility in lieu of disciplinary action? ☐ Yes ☐ No

6. Since your last renewal (or if this is your first renewal since your initial license application), have you voluntarily surrendered or had any hospital privileges denied, revoked, suspended, or restricted in any way? ☐ Yes ☐ No

7. 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 Recovering 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

8. Since your last renewal (or if this is your first renewal since your initial license application), have you discontinued the practice of medicine for any reason for three consecutive months or more? ☐ Yes ☐ No

9. Since your last renewal (or if this is your first renewal since your initial license application), has your ability to prescribe controlled substances been denied, revoked, suspended, or limited by any hospital, health care facility or other entity (other than the SC Board of Medical Examiners)? ☐ Yes ☐ No

10. Are you currently under investigation or the subject of pending disciplinary action by any medical licensing board, health care facility, or other entity (other than the SC Board of Medical Examiners)? ☐ Yes ☐ No

ELIGIBILITY INFORMATION

The Board is required to verify lawful presence in the United States prior to the issuance of a license and prior to renewal of a license. If your immigration status has changed (including, but not limited to, a change in immigration status type, *i.e.* grant of citizenship or change from a visa holder to an asylee, etc.) **or** if you have immigration documentation on file with the Board that expires during the renewal period and you have not yet submitted updated documentation to the Board, you will need to upload an updated Verification of Lawful Presence form prior to renewal. Please include updated supporting documents with your Verification of Lawful Presence form.

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 **or** will your lawful presence documentation on file with the Board expire before December 31, 2027? ☐ Yes ☐ No

If yes, attach an updated Verification of Lawful Presence form, found here.

PRACTICE ACTIVITY STATEMENT FOR LATE RENEWAL (Physician Assistant)

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 PHYSICAN ASSISTANT IN SOUTH CAROLINA SINCE THE LAPSE OF MY SOUTH CAROLINA PA LICENSE ON **DECEMBER 31, 2025.**

☐ I HAVE PRACTICED AS A PHYSICAN ASSISTANT IN SOUTH CAROLINA SINCE THE LAPSE OF MY SOUTH CAROLINA PA LICENSE ON **DECEMBER 31, 2025.**

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.