



South Carolina Board of Podiatry Examiners

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llr.sc.gov/med

2021-2023 RENEWAL APPLICATION FOR PODIATRIST

Renewal Instructions/Requirements:

- Mail completed application and renewal fee in the form of a check or money order (no cash) in the amount of \$200 made payable to the S.C. Board of Podiatry Examiners to the address listed above. (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.)
Renewal/Late Fees:
Renewed/postmarked on or before 12/31/2021: \$200
Renewed/postmarked 1/1/2022 – 3/1/2022: Late Fee \$200 + Renewal Fee \$200 = \$400
After March 1, 2022, your license is lapsed and must be reinstated.
Continuing Education: If a podiatrist is authorized pursuant to state and federal law to prescribe controlled substances, two of the requisite 24 biennial hours of continuing education must be 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. Licensees are required to submit their CME 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. The Board will not maintain copies of your CME documentation. A random audit will be conducted at the end of the renewal period.

If you would like your name added to the SC Statewide Emergency Registry of Volunteers, please visit: www.scserv.gov.

SC License No.: _____

Note to SC residents: To find your Congressional District: http://www.scstatehouse.gov/legislatorssearch.php

LICENSEE INFORMATION

Last Name: _____ First: _____ Middle: _____

Since your last renewal (or if this is your first renewal, since you were first licensed), have you legally changed your name? [] Yes [] No Prior Last 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: _____
(Required)

Business Name: _____

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

Business Phone No.: _____ Business Fax No.: _____

Business Email: _____ Hours/week: _____

If a SC resident, select the district below for the county in which you reside in:		
<input type="checkbox"/> Lower District	<input type="checkbox"/> Upper District	<input type="checkbox"/> Central District
Bamberg Berkeley Beaufort Charleston Colleton Dillon Dorchester Florence Georgetown Hampton Horry Jasper Marion Williamsburg	Abbeville Anderson Cherokee Chester Edgefield Fairfield Greenville Greenwood Lancaster Laurens McCormick Newberry Oconee Pickens Saluda Spartanburg Union York	Aiken Allendale Barnwell Calhoun Clarendon Chesterfield Darlington Kershaw Lee Lexington Marlboro Orangeburg Richland Sumter

CONTINUING EDUCATION

If a podiatrist is authorized pursuant to state and federal law to prescribe controlled substances, two of the requisite 24 biennial hours of continuing education must be 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.

You must set up a CE Broker account and upload all required CMEs before you can renew your license. Please visit www.cebroker.com/sc/account/basic to set up your free CE Broker account. You do not need to submit proof of continuing education compliance to the Board. The Board will conduct a random audit to determine CME compliance after the renewal period ends. If a licensee is determined not to be compliant with statutory requirements for continuing education, he/she may be subject to disciplinary action by the Board.

Have you completed 24 hours of approved continuing medical education (CME)? Yes No

Have you reported your CMEs to CE Broker? Yes No

Activity Status (Check one only):

- | | |
|----------------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Active Practice, in SC | <input type="checkbox"/> Active Practice, Out-of-State: _____ |
| <input type="checkbox"/> Active Practice, Volunteer work only | <input type="checkbox"/> Not Currently Practicing, Disabled |
| <input type="checkbox"/> Not Currently Practicing, Seeking Licensed Practice | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Not Currently Practicing, Not Seeking Licensed Practice | <input type="checkbox"/> Other |

Estimated work hours per week at your primary practice location: _____

County of primary practice: _____ Total number of practice locations: _____

Current Primary Practice Setting:

- | | | |
|------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> 21 Fed Military Health Fac. | <input type="checkbox"/> 22 Fed Non-Military Health Fac. | <input type="checkbox"/> 13 Free-standing Clinic |
| <input type="checkbox"/> 5 Private Office | <input type="checkbox"/> 11 Hosp, Non-Fed General | <input type="checkbox"/> 24 Hospital, Non-Fed Rehab |
| <input type="checkbox"/> 31 Univ/College of Med | <input type="checkbox"/> 71 Other: _____ | |

Current Primary Form of Practice:

- | | | |
|------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> 11 Self-Employed, Solo | <input type="checkbox"/> 13 Self-Partner, Group | <input type="checkbox"/> 14 Self, Group, Multi-Specialty |
| <input type="checkbox"/> 25 Other Private Employer | <input type="checkbox"/> 32 County Gov. | <input type="checkbox"/> 33 State Gov. |
| <input type="checkbox"/> 35 Federal, Military | <input type="checkbox"/> 34 Federal, Civilian | <input type="checkbox"/> 43 Non-Profit Agency |
| <input type="checkbox"/> 43 Resident/Intern Training | <input type="checkbox"/> 44 Volunteer | <input type="checkbox"/> 41 Other: _____ |

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), has any Order or other disciplinary action been rendered against you by any Podiatry Board (other than SC Board)? Yes No
- 2. Since your last renewal (or if this is your first renewal since your initial license application), have any hospital privileges or other privileges of any kind been revoked, suspended, restricted, denied or voluntarily surrendered or relinquished? **(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
- 3. Since your last renewal (or if this is your first renewal since your initial license application), has your ability to practice podiatry 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
- 4. Since your last renewal (or if this is your first renewal since your initial license application), have you been convicted, pled guilty or pled nolo contendere in any jurisdiction for violation of a felony of any kind or of a non-felony crime involving moral turpitude? Yes No
- 5. 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 may 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.