



SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION

Board of Medical Examiners
2015-2017 RCP Renewal Application

Name: \_\_\_\_\_ Profession: \_\_\_\_\_ License #: \_\_\_\_\_

Renewal Instructions

- 1. Complete all questions and blank spaces on this renewal application. If an item is not applicable, answer N/A.
2. If your name has changed, please provide the Board with a copy of the legal document.
3. Mail completed application and biennial renewal fee of \$75.00 made payable to S.C. Board of Medical Examiners to: LLR, S.C. Board of Medical Examiners, PO Box 11289, Columbia, SC 29211-2517. Applications must be postmarked by the Post Office on or before May 31, 2015.

Please visit our webpage at www.llronline.com/POL/Medical if you have any questions.

Home Address

Business Address

Mailing Address

Form fields for Home Address, Business Address (Contact Name, Business Address, City, State, Zip code), and Mailing Address.

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

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

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Congressional District: \_\_\_\_\_

Congressional District: \_\_\_\_\_

Activity Status (check only one). Previously Reported: 01|Currently Practicing Profession

- 01| Currently practicing profession 02| Not currently practicing profession 18| Out of State 08| Retired

Primary Setting of Practice (Where patients are seen initially) Previously Reported: \_\_\_\_\_

- 11| Hospital, Non-Federal General 23| Hospital, Non-federal psychiatric 24| Hospital, Non-federal rehab
21| Federal, Military Health Facility 22| Federal, Non-military Health Facility 13| Freestanding outpatient clinic
12| Nursing Home/Other Institution 41| Patient Homes 15| Private office
36| Tec/Junior College/Voc School 33| Other College or University 34| Sch/Treatment Center
71| Other, Specify \_\_\_\_\_

Primary Practice Location - Primary Supervising Physician Sponsor/Medical Director (Not alternate)

Form fields for Primary Practice Location: Name, County, License Number, Setting, Address, Hrs./Wk.

Secondary Practice Location - Primary Supervising Physician Sponsor/Medical Director (Not alternate)

Form fields for Secondary Practice Location: Name, County, License Number, Setting, Address, Hrs./Wk.

### Continuing Education

Have you completed at least 30 hours of approved continuing education in the last two years? (RCPs who are in their first renewal cycle after receiving their initial permanent license are not required to report continuing education for this renewal year only. If this applies to you, please check yes.) Yes  No

**Note: DO NOT SUBMIT continuing education certificates. The Board office will not maintain copies. A random audit will be conducted at the end of the renewal period requiring proof of CME documentation.**

**A list of approved continuing education programs is available at: [www.llronline.com/POL/Medical](http://www.llronline.com/POL/Medical)**

If you are willing for your name to be added to a list of volunteer Respiratory Care Practitioners who may be called upon in the event of a natural disaster, please check this box.

**Answer “Yes” or “No” to each of the following six questions. If you answer “Yes” to any questions, you must attach a written explanation.**

1. Since you last renewed your license, has any order or other disciplinary action been rendered against you by any medical board or licensing authority or have you been denied licensure/certification by any other medical board or licensing authority?  Yes  No
  2. Since you last renewed your license, have any hospital privileges been revoked, suspended, restricted, denied or voluntarily surrendered?  Yes  No
  3. Since you last renewed your license, has your ability to practice respiratory care been impaired by any physical, emotional or mental illness, whether temporary or permanent? \*\*  Yes  No
  4. Since you last renewed your license, have you developed or been treated for any disease or condition, physical, mental or emotional (including alcohol or other substance abuse) that might render further practice dangerous to the public? \*\*  Yes  No
  5. Since you last renewed your license, have you been arrested, indicted, or convicted, pled guilty or pled *nolo contendere* for violation of any federal, state or local law (other than minor traffic violations)?  Yes  No
  6. Since you last renewed your license, have you been discharged involuntarily from employment or have you resigned from any hospital, institution or health care facility in lieu of disciplinary action?  Yes  No
- \*\* If you are currently enrolled in the Recovering Professional Program (RPP), you may answer “No” to questions 3 and 4.**
7. Has there been any change in the status of your lawful presence in the United States since initial licensure?  Yes  No

I have carefully 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 license and rejection of this application or delay in processing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

South Carolina Law requires the agency 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 services. In order to better protect the information you provide, please provide the Department with the following information that may be released to the public upon request: a public mailing address, a public email address and a public telephone number.