South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Medical Examiners
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P.O. Box 11289 • Columbia • SC• 29211
Phone: 803-896-4500 • Medboard@llr.sc.gov • Fax: 803-896-4515
www.llronline.com/POL/Medical/

Change/Additional Primary Supervisor Form for Physician Assistants

Signed scope of practice must accompany this form. Select type of change you are requesting (please select only one option):

- ◯ **Changing Primary Supervising Physician**
- ◯ **Changing Primary Supervising Physician within the same practice**
- ◯ **Adding an Additional Primary Supervising Physician**

To add alternate supervising physicians, please complete and submit the Adding Alternate Physicians Form

Last Name	**First Name**	**Middle Name**	**Maiden Name**
Home Address (Street, City, State, Zip):		**Home Phone:**	
Mailing Address (Street, City, State, Zip):		**Email Address:**	
SS#:	**SC License#:**	**Specialty Area:**	

PRIMARY Practice Site	**Employer Name**	
	Practice Address: (Street, City, State, Zip)	
Primary Supervising Physician Information	**Supervising Physician** (All physicians must have a permanent SC license in good standing)	**Proximity to Physician Assistant in Miles:**
	Business Address: (Street, City, State, Zip)	
SC Physician's License No:	**Practice Specialty:**	**Primary Practice Site Phone Number**

_____ _____
Signature of Supervising Physician **Date**

SECONDARY/ADDITIONAL Practice Site **(If more than 2 sites, duplicate form as needed)**	**Employer Name:**	
	Practice Address: (Street, City, State, Zip)	
	Business Address: (Street, City, State, Zip)	**Proximity to Physician Assistant in Miles:**
	Secondary Practice Site Phone Number	

I HEREBY swear/affirm the statements made in this document to be TRUE to the best of my knowledge.

_____ _____
Signature of Physician Assistant **Date**