



2017-2019 Physician Assistant Renewal Application

Name: _____

License #: _____

Renewal Instructions

- 1. Complete all questions and blank spaces on this renewal application. Incomplete applications will be returned. Make any necessary corrections and attach additional sheets as necessary.
2. Mail completed application with a \$45 fee to LLR-Board of Medical Examiners, 110 Centerview Drive, PO Box 11289, Columbia, SC 29211; Telephone number (803) 896-4500; Web page: www.llr.state.sc.us/pol/medical.
3. After December 31, 2017, your license will lapse. Late fee: \$45.00
4. Please visit our webpage at www.llronline.com/POL/Medical if you have any questions

Home Address

Primary Place of Practice Address

Mailing Address [preferred]

Three sets of horizontal lines for address input.

County: _____

County: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

E-mail: _____

E-mail: _____

Supervising Physician: _____

Type of Practice: _____

Supervisor's Lic. No: _____

Hrs./Wk.: _____

Secondary Primary Supervising Physician (Not alternate)

Name: _____

Type of Practice: _____

Lic. No.: _____

Setting: _____

Address: _____

Hrs./Wk.: _____

County: _____

Third Primary Supervising Physician (Not alternate)

Name: _____

Type of Practice: _____

Lic. No.: _____

Setting: _____

Address: _____

Hrs./Wk.: _____

County: _____

Activity Status (check only one)

01| Currently practicing profession

02| Not currently practicing profession

08| Retired

Primary Setting of Practice (Where patients are seen initially)

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

27| Freestanding ambulatory surgery center

29| Freestanding emergency/urgent care

15| Private office

31| University/College of Medicine

44| Administrative/Regulatory health

50| Business Establishment

71| Other, Specify: _____

Form of Practice (Source of Income)

- 25| Other private employer 31| Local Government 11| Self; Solo 13| Self; Group, same specialty
- 14| Self; Group, multi-specialty 28| Non-profit health agency 33| State government 35| Federal, Military
- 34| Federal, Civilian 42| Other , Specify: _____

Controlled Substance Registration

- 1. Do you have a South Carolina DHEC/DEA Controlled Substance Registration? Yes No
- 2. If yes, since your last renewal, have you completed 4 hours of continuing education in controlled substance prescribing? Yes No
 N/A _____
- Please check this box if you are willing for your name to be added to a list of volunteer Physician Assistants who may be called upon in the event of natural disaster.

Answer “Yes” or “No” to each of the following questions. If your answer is “Yes” to any of the questions below, you must attach a full written explanation.

- 1. Since your last renewal, has any Order or other disciplinary action been rendered against you by any state medical board (other than SC Board) or have you been denied licensure by any other medical board or licensing authority? Yes No
- 2. Since your last renewal, have any hospital privileges been revoked, suspended, restricted, denied or voluntarily surrendered? (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, has your ability to practice as a Physician Assistant been impaired by any physical, emotional or mental illness, whether temporary or permanent? Yes No
- 4. Since your last renewal, have you been treated for any physical, mental, or emotional conditions that might interfere with your ability to competently and safely perform the essential functions of practice? Yes No
- 5. Since your last renewal, have you developed any disease or conditions, physical, mental or emotional (i.e. bipolar disease, schizophrenia, paranoia or any other psychotic disorder) 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”). Yes No
- 6. Since your last renewal of your license, have you been convicted, pled guilty or pled *nolo contendere* for violation of any federal, state or local law (other than minor traffic violations)? Yes No
- 7. Since your last renewal, have you been discharged involuntarily from employment? Yes No
- 8. Has there been any change in the status of your lawful presence in the United States since initial licensure? If yes, attach supporting documentation. Yes No

NCCPA Certificate No.: see www.nccpa.net for this information Expiration Date: _____

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.