



APPLICATION FOR RENEWAL OF LIMITED LICENSE

NOTE: Application must be fully completed with all requested information and documentation supplied. A copy of your training contract and application fee of **\$150.00 (\$75.00 six months) (non-refundable)** must accompany this application.

The application fee is non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.

I hereby make application to renew my current Limited License in the state of South Carolina and submit the following statement of facts with the required supporting documents.

SC Limited License No.: _____

Licensee's Last Name: _____ First: _____ Middle: _____

Since you were licensed, have you legally changed your name? Yes No Maiden 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: _____ Email: _____

Business Name: _____ **Phone:** _____

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

Office Phone No.: _____ **Type of Training/Practice:** _____

Personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. 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 the application 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.

PERSONAL DATA

Since you last applied with this office for your Limited License:

- 1. Has your medical license been revoked, suspended, reprimanded, restricted or placed on probation by any medical licensing board or other entity? Yes No
- 2. Have you had an application to practice medicine denied or refused by another medical licensing board or entity? Yes No
- 3. Have you had hospital privileges denied, revoked, suspended or restricted in any way? Yes No
- 4. Have you voluntarily surrendered a medical license, controlled substance registration or DEA registration? Yes No
- 5. Have you resigned from any hospital, institution or health care facility in lieu of disciplinary action? Yes No
- 6. Are you currently under investigation or the subject of pending disciplinary action by any medical licensing board, health care facility or other entity? Yes No
- 7. Is your medical license currently restricted in any way by any medical licensing board, or other entity? Yes No
- 8. Have you had a malpractice lawsuit, judgment or settlement filed against you?
If so, how many? _____ Yes No
- 9. Are you currently being treated for any physical, mental, or emotional condition that might interfere with your ability to competently and safely perform the essential functions of practice as a physician?
If you are currently enrolled in the Recovering Professional Program (RPP), you may answer “No” to this question. Yes No
- 10. Do you currently have any mental illness, (e.g. bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder) or any physical illness or condition that might interfere with your ability to competently and safely perform the essential functions of the practice of medicine? **If you are currently enrolled in the Recovering Professional Program (RPP), you may answer “No” to this question.** Yes No
- 11. Has your ability to practice medicine ever been impaired by any physical or mental illness or by the use of alcohol or drugs? Yes No
- 12. Have you ever discontinued the practice of medicine for any reason for three consecutive months or more? Yes No
- 13. Has your ability to prescribe controlled substances been denied, revoked, suspended or limited by any hospital, health care facility or other entity? Yes No
- 14. Have you been convicted, pled guilty or pled nolo contendere for violation of any federal, state or local law (other than a minor traffic violation)? Yes No
- 15. 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

NOTE: If you answered “Yes” to any of the above questions (1-15), you must attach a full written explanation pertaining to that particular question.

I have carefully read all questions in this application and have answered them fully, accurately, and completely. I hereby agree that my failure to answer all questions or make full disclosure of any facts or information called for in this application shall constitute cause for the denial of my application or for the revocation of my license to practice medicine in South Carolina. I hereby authorize the Board of Medical Examiners of South Carolina to utilize my Social Security Number in making necessary reports to the Federation of State Medical Boards’ Physician Data Center for compilation of information about applicants and licensees in order to coordinate licensure and disciplinary activities between the individual States’ licensing boards, and to federal and state entities, as required by law.

Applicant’s Signature: _____ Date: _____