



South Carolina Department of Labor, Licensing and Regulation

**South Carolina Board of Medical Examiners**

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[www.llronline.com/POL/Medical/](http://www.llronline.com/POL/Medical/)



**APPLICATION FOR PRESCRIPTIVE AUTHORITY  
(NON-CONTROLLED SUBSTANCES ONLY)**

Include one-time \$40 application fee

**Physician Assistant Name:** \_\_\_\_\_

I acknowledge, understand, and assume my responsibilities as supervising physician of the above named Physician Assistant for prescriptive authority. I understand that should a Physician Assistant acting under my supervision engage in illegal conduct, I shall be subject to discipline under the Medical Practice Act. I further understand and agree that if the Physician Assistant engages in any unprofessional, unethical or illegal conduct, that I will promptly report such action in writing to the State Board of Medical Examiners of South Carolina.

If the Physician Assistant wishes to prescribe Schedule II-V drugs (as authorized in section 40-47-965), an application for a Controlled Substances registration must be obtained from DHEC-Division of Narcotic and Drug Control for a controlled substance license at (803) 896-0634.

\_\_\_\_\_  
**Supervising Physician Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Physician Assistant Signature**

\_\_\_\_\_  
**Date**