SC Department of Labor, Licensing and Regulation
Board of Medical Examiners
Post Office Box 11289
Columbia, SC 29211
(803) 896-4500
(803) 896-4515 Fax

REQUIREMENTS FOR AN "UPDATE" LICENSE TO PRACTICE AS A RESPIRATORY CARE PRACTITIONER

READ REQUIREMENTS CAREFULLY BEFORE COMPLETING APPLICATION.

I. GENERAL INFORMATION

The term Respiratory Care Practitioner encompasses both respiratory therapists and respiratory therapy technicians. Section 40-47-510 (5)

II. APPLICATION FORM

III. FEES (APPLICATION FEE IS NON-REFUNDABLE)

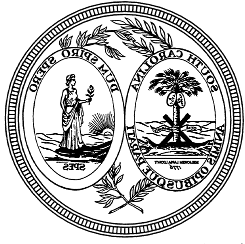
The application fee for an "Update" licensure is $80.

IV. COPY OF CRT OR RRT FROM THE NATIONAL BOARD OF RESPIRATORY CARE

V. COPY OF DIPLOMA FROM RESPIRATORY PROGRAM (if applicable)

When applying for licensure, If you do not know where you will be working in South Carolina and/or who the medical director is, please mark "unknown at this time in that space. Please remember, before you can begin working in South Carolina, you must notify the Board in writing of where you will be working, in South Carolina, and who the medical director will be.

POLICY OF THE BOARD REQUIRES INDIVIDUALS WHO HAVE NOT ACTIVELY PRACTICED RESPIRATORY CARE FOR FIVE (5) YEARS OR MORE TO TAKE AND PASS THE NBRC-ENTRY LEVEL EXAMINATION. PROOF OF PASSAGE MUST BE PROVIDED TO THE BOARD BEFORE YOUR LICENSE WILL BE ISSUED.



S.C. Department of Labor, Licensing and Regulation
Board of Medical Examiners
110 Centerview Drive
Post Office Box 11289
Columbia SC 29211
(803) 896-4500

UPDATE
Fee $80

APPLICATION FOR A LICENSE TO PRACTICE AS A RESPIRATORY CARE PRACTITIONER

IMPORTANT: Read the enclosed requirements carefully before completing application. Appropriate fee must accompany application; **application fee is non-refundable.** *The application form itself is a public document obtainable under the Freedom of Information Act.*

I hereby make application for a license to practice as a respiratory care practitioner in the State of South Carolina and submit the following statements of facts with the required supporting documents:

(Please type or print clearly)

Applicant's Name: ____
Last First Middle

Home Address: ____

____
City State Zip

Home Phone: ( )____

S.C. Medical Director: ____

Place of Employment in South Carolina: ____

____
Street

____
City State Zip

Business Phone ( )____

The SSN is not subject to disclosure as public information. The disclosure of the SSN for identification purposes is authorized and mandated by federal statutes requiring state medical boards to report to the Healthcare Integrity and Protection Date Bank (HIPDB) and the National Practitioner DataBank (NPDB), among other things.

(Revised 7/10/12)

I. PERSONAL DATA

Answer Yes or No

1. Has your Respiratory Care Practitioner certificate/license ever been revoked, suspended, reprimanded, restricted or placed on probation by any licensing board or any other entity? ☐ **Yes** ☐ **No**

2. Have you ever had an application to practice as a Respiratory Care Practitioner denied or refused by another licensing board or entity? ☐ **Yes** ☐ **No**

3. Have you ever had hospital privileges denied, revoked, suspended or restricted in any way? ☐ **Yes** ☐ **No**

4. Have you ever resigned from any hospital, institute or health care facility in lieu of disciplinary action? ☐ **Yes** ☐ **No**

5. Are you currently under any investigation or the subject of pending disciplinary action by any licensing board or other entity? ☐ **Yes** ☐ **No**

6. Is your Respiratory Care Practitioner's certificate/license currently restricted in any way by any medical licensing board, health care facility or other entity? ☐ **Yes** ☐ **No**

7. Currently or within the last ten years, have you been 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 Respiratory Care Practitioner? ☐ **Yes** ☐ **No**

8. Has your ability to practice as a Respiratory Care Practitioner ever been impaired by any physical or mental illness or by the use of alcohol or drugs? ☐ **Yes** ☐ **No**

9. Currently or within the last ten years, have you developed any disease or conditions, physical, mental or emotional, (e.g. bipolar disorder, schizophrenia, paranoia or any other psychotic disorder) that might interfere with your ability to competently and safely perform the essential functions of practice as a Respiratory Care Practitioner? ☐ **Yes** ☐ **No**

10. Have you ever discontinued practicing as a Respiratory Care Practitioner for any reason for one month or more? ☐ **Yes** ☐ **No**

11. Have you ever been arrested, indicted, or convicted, pled guilty, or pled nolo contendere for violation of any federal, state or local law (other than a minor traffic violation)? ☐ **Yes** ☐ **No**

12. Have you ever been known by any other name or surname? ☐ **Yes** ☐ **No**

13. Have you ever voluntarily surrendered a Respiratory Care Practitioner's certificate/license? ☐ **Yes** ☐ **No**

14. Have you ever been discharged involuntarily from employment? If so, give full details. ☐ **Yes** ☐ **No**

NOTE: If you answered "yes" to any of the above questions (1-14), you must attach a full written explanation pertaining to that particular question.

II. EDUCATION

Attach copies of diplomas, degrees and certificates of training.

School attended Name and Address	Dates Attended From (Mo./Yr.) to (Mo./Yr.)	Diploma or Degree Received
High School:		
College:		
Respiratory Therapy Training:		
Graduate School:		

III. PROFESSIONAL INFORMATION

List all states in which you are licensed or certified to practice as a respiratory care practitioner (active/inactive).

State	License/Certificate Number	Date Issued	Basis of Licensure/Certification	Status (Active/Inactive)

III. PROFESSIONAL INFORMATION

(Continued)

1. Have you taken the entry level or higher level National Board for Respiratory Care, Inc. Examination? ________________If so, please specify date and examination taken and whether you passed or failed. ________________________________If registered, give your registry number_____________________. A copy of your CRTT or RRT National Board certificate or examination results must be included with this application. Verification directly from NBRC may be required if appropriate documentation is not provided. Provide written explanation if certificate is not attached.

2. Have you ever taken any other state or national examination(s) in respiratory therapy?_________________ If so, give the date(s), location and name of examination(s) taken, and indicate whether you passed or failed.

3. Do you plan to care for cardio-pulmonary patients in a home care setting? ________________If yes, you must attach a statement signed by your physician sponsor detailing the duties that you will perform and the type of supervision you will receive in performing these duties.

IV. EMPLOYMENT HISTORY

In chronological order (most recent first), list all employment relevant to training and/or work experience in respiratory therapy since graduating from your respiratory care program.

Place of Employment (Name of Company, City and State)	**Dates of Employment**	**Title and Job Description**

(Attach additional sheet of paper is needed)

V. AFFIDAVIT

I, ____ being duly sworn, depose and say that I am the person described and identified, that I am of good moral character and that I am the person named in the documents presented in support of this application. By filing this application, I hereby authorize and consent to an investigation of my fitness and qualifications to practice as a Respiratory Care Practitioner in South Carolina.

I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, and federal) to release to this licensing Board any information, files or records requested by the Board for its evaluation of my professional, ethical and other qualifications for licensure in South Carolina. I hereby release, discharge and exonerate the State Board of Medical Examiners of South Carolina, its agent or representative and any person or organization furnishing information from any and all liability of every nature and kind arising out of the furnishing of documents, records or other information, or arising from the investigation made by the State Board of Medical Examiners of South Carolina.

I have carefully read the questions in the foregoing application and have answered them completely, without reservation of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice as a Respiratory Care Practitioner in South Carolina. Further, if licensed, I agree to keep the Board informed of any future changes in my address.

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:______________

Subscribed and sworn to before me this _________________ day of __________, __________.

Notary Public Signature: ___________________________________ (L.S.)

For: _______________________________________

My Commission Expires: _____________________________

THIS SPACE FOR OFFICE USE ONLY

APPLICATION FOR
RESPIRATORY CARE PRACTITIONER
LICENSURE

Issued by the

South Carolina Department of Labor, Licensing
and Regulations
Board of Medical Examiners
110 Centerview Drive
Post Office Box 11289
Columbia, South Carolina 29211
(803) 896-4500

Approved by Board /Committee Member:

____
Board/Committee Member Signature

____
Date Approved

GENERAL INFORMATION

Date of Birth: ___________________________

Place of Birth: __________________________

Sex: _______________ Race: ______________

Height: _____________ Weight: ____________

STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY

Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned ____, of______________________________________
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. ☐ I am a United States citizen; or
2. ☐ I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. ☐ I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. ☐ Other:______________________Please submit any documentation that supports this status.

Date of Birth: ____________________

Alien Number:______________________ I-94 Number: __________________

(**If you checked number 2, 3, or 4 you must attach a copy of your immigration documents**. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

____
Signature of Affiant

SWORN to before me this________day of_____________________, 20_______

____
Notary Signature

____
Print Name

Notary Public for ______________________________________

My Commission Expires: __________________________________

Rev: 02-02-2015

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:
If you are a United States Citizen by birth or naturalization

CHECK box 2:
If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.
PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:
If you are a Qualified Alien. You are a Qualified Alien if you are:
An alien who is lawfully admitted for residence under the INA.
An alien who is granted asylum under Section 208 of the INA.
A refugee who is admitted to the United States under Section 207 of the INA.
An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.
An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).
An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.
An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.
PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:
Unexpired Reentry Permit (I-327)
Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)
Unexpired Refugee Travel Document (I-571)
Unexpired Employment Authorization Card Which Contains a Photograph (I-766)
Machine Readable Immigrant Visa (with Temporary I-551 Language)
Temporary I-551 Stamp (on passport or I-94)
I-94 (Arrival/Departure Record) in Unexpired Foreign Passport
I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)
DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)