



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Medical Examiners
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llr.sc.gov/med

2023-2025 LATE RENEWAL APPLICATION FOR REGISTERED CARDIOVASCULAR INVASIVE SPECIALIST

Renewal Instructions/Requirements:

- Check or money order only (no cash) in the amount of \$80 made payable to the S.C. Board of Medical Examiners. (All fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)
- Current CCI Certification (Cardiovascular Credential International)
- Applications must be postmarked on or before June 30, 2023.
- Practice is not allowed after June 30, 2023. (Late Renewals are accepted July 1, 2023 – March 31, 2024)
- Late renewal application must be postmarked by U.S. Post Office on or before March 31, 2024.
- After March 31, 2024, your license will expire and a new application would be required.
- If your Supervising Cardiologist/Supervisor and Practice locations have changed, please indicate on this renewal application for update.

SC License No.: _____

Note for SC Residents: To find your Congressional District you may go to: <http://www.scstatehouse.gov/legislatorssearch.php>

LICENSEE INFORMATION

Last Name: _____ First: _____ Middle: _____

Since you were licensed, have you legally changed your name? ☐ Yes ☐ No Prior 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 No.: _____ Fax No.: _____

Email: _____

Business Name: _____

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

Business Phone No.: _____ Business Fax No.: _____

Business Email: _____

CONTINUING EDUCATION (CE)

Please submit a copy of your current registration with Cardiovascular Credentialing International and provide satisfactory evidence that your practice protocol is in place and signed by each supervising cardiologist.

Activity Status (Check one only):

- | | |
|--|---|
| <input type="checkbox"/> Active Practice, in SC | <input type="checkbox"/> Active Practice, Out-of-State: _____ |
| <input type="checkbox"/> Active Practice, Volunteer work only | <input type="checkbox"/> Not Currently Practicing, Disabled |
| <input type="checkbox"/> Not Currently Practicing, Seeking Licensed Practice | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Not Currently Practicing, Not Seeking Licensed Practice | <input type="checkbox"/> Other |

Primary Practice Setting: (Where patients are seen)

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 O/P Clinic
12 Nursing Home/Other Institution	41 Patient Homes	15 Private Office
36 Tec/Junior College/Voc School	33 Other College or University	34 School/Treatment Center
71 Other (Specify): _____		

Primary Practice Setting in South Carolina

Supervising Cardiologist: _____ Supervising Cardiologist License No.: _____

County: _____ Setting: (Codes listed above) _____ Hrs./Wk.: _____

Check here to use business address information from Page 1: ☐

Employer Name: _____

Street Address: _____

City, State, Zip: _____

Secondary Practice Setting in South Carolina

Supervising Cardiologist: _____ Supervising Cardiologist License No.: _____

County: _____ Setting: (Codes listed above) _____ Hrs./Wk.: _____

Employer Name: _____

Street Address: _____

City, State, Zip: _____

PERSONAL HISTORY QUESTIONS

If you answer Yes to any of the below questions, please attach a detailed written explanation along with any supporting documentation.

1. Since your last renewal (or if this is your first renewal since your initial license application), have you experienced any physical or mental disease or condition, including an addiction to drugs or alcohol, that currently interferes with your ability to competently and safely perform the essential functions of practice? (If you are voluntarily enrolled in the Recovery Professionals Program (RPP) and have remained in full compliance, you may answer "No" with respect to any condition involving abuse of alcohol or drugs. If you have a physical or mental disease or condition that is appropriately being treated and does not currently impair your judgment or otherwise adversely affect your ability to practice, you may answer "No.") ☐ Yes ☐ No
2. Since your last renewal (or if this is your first renewal since your initial license application), has your Cardiovascular Invasive Specialist registration/license been revoked, suspended, reprimanded, restricted, placed on probation or have you otherwise been disciplined by any professional or occupational licensing board or entity? ☐ Yes ☐ No
3. Since your last renewal (or if this is your first renewal since your initial license application), has your privilege to work in a hospital or other health care facility been revoked, suspended, restricted, denied or surrendered? This includes the relinquishment of work privileges while under investigation or pending disciplinary action for any reason. This does not include voluntary relinquishment of work privileges as a result of a personal decision. ☐ Yes ☐ No
4. Since you last renewed your license, have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony of any kind or a non-felony crime involving drugs? ☐ Yes ☐ No
5. Since your last renewal (or if this is your first renewal since your initial license application), has there been any change in the status of your lawful presence in the United States? ☐ Yes ☐ No

ATTESTATION

I HEREBY swear/affirm I have 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 licensure.

Signature: _____ Date: _____

PRIVACY NOTICE

South Carolina law requires the agency to 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 purposes.