



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Medical Examiners**  
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P.O. Box 11289 • Columbia • SC • 29211  
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llr.sc.gov/med

## 2025-2027 LATE RENEWAL APPLICATION FOR REGISTERED CARDIOVASCULAR INVASIVE SPECIALIST

### Renewal Instructions/Requirements:

- Check or money order only 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. Cash will not be accepted.)
- Current CCI Certification (Cardiovascular Credentialing International)
- Applications must be postmarked on or before June 30, 2025.
- Practice is not allowed after June 30, 2025.
- Late Renewals are accepted July 1, 2025 – March 31, 2026.
- Late renewal application must be postmarked by U.S. Post Office on or before March 31, 2026.
- After March 31, 2026, your license will expire and a new application will be required.
- If your Supervising Cardiologist/Supervisor and Practice locations have changed, please indicate on this renewal application for update. **(Provide satisfactory evidence that your practice protocol is in place and signed by each supervising cardiologist.)**

SC License No.: \_\_\_\_\_

### LICENSEE INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Since you were licensed, have you legally changed your name? ☐ Yes ☐ No Prior Name(s): \_\_\_\_\_

If yes, please submit legal documentation supporting the change(s). (Marriage certificate, divorce decree, court documentation.)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(If different than above)

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone No.: \_\_\_\_\_ Business Fax No.: \_\_\_\_\_

### 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) \_\_\_\_\_ Hours Per 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) \_\_\_\_\_ Hours Per 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 Recovering 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.')
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?
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.
4. Since your last renewal (or if this is your first renewal since your initial license application), have you been convicted of, or pled guilty or nolo contendere to, a criminal offense of any kind, except a minor traffic offense? (A DUI is not a minor traffic offense and must be reported.)

**If Yes,** attach a detailed explanation, along with court documentation and a criminal background report issued from the state in which the incident took place.

## ELIGIBILITY INFORMATION

The Board is required to verify lawful presence in the United States prior to the issuance of a license and prior to renewal of a license. If your immigration status has changed (including, but not limited to, a change in immigration status type, *i.e.* grant of citizenship or change from a visa holder to an asylee, etc.) **or** if you have immigration documentation on file with the Board that expires during the renewal period and you have not yet submitted updated documentation to the Board, you will need to upload an updated [Verification of Lawful Presence form](#) prior to renewal. Please include updated supporting documents with your [Verification of Lawful Presence form](#).

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 **or** will your lawful presence documentation on file with the Board expire before June 30, 2027?

☐ Yes ☐ No

If yes, attach an updated [Verification of Lawful Presence form, found here](#).

## 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.