



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Medical Examiners**  
 110 Centerview Dr. • Columbia • SC • 29210  
 P.O. Box 11289 • Columbia • SC • 29211  
 Phone: 803-896-4500 • Medboard@llr.sc.gov • Fax: 803-896-4515  
 llr.sc.gov/med

**2024-2025 APPLICATION FOR RENEWAL OF MEDICAL (MD.DO) ACADEMIC LICENSE**

**Renewal Instructions/Requirements:**

- Check or money order only (no cash) in the amount of \$150 for one (1) year renewal 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.)
- Applications must be postmarked on or before June 30, 2024. After June 30, 2024, practice is not allowed and the license will lapse.
- Beginning July 1, 2024, reactivation is required.
- If your educational facility dean has changed, attach a letter from your new educational facility dean.
- If your legal name has changed since your initial licensure or since your last renewal, please attach the legal documentation with this renewal form (marriage certificate, divorce decree, court order, etc.).
- Submit documentation of 20 continuing medical education (CME) hours completed between July 1, 2023 and June 30, 2024 with this renewal application. You must complete all 20 CME hours before submitting your renewal (20 total = 15 specialty, 4 may be non-specialty, 1 must be in prescribing and monitoring of controlled substances).

FOR BOARD USE ONLY	
Control No.	
Check No.	
Amount Paid	

If you would like your name added to the SC Statewide Emergency Registry of Volunteers, please visit: <https://scdhec.gov/BetterImpact>

SC Academic License No.: \_\_\_\_\_ Title:  M.D.  D.O.

**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: \_\_\_\_\_

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

Home Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

**SOUTH CAROLINA PRACTICE INFORMATION**

Hospital Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Telephone No.: \_\_\_\_\_

Type of Training/Practice: \_\_\_\_\_

**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), has your medical license been revoked, suspended, reprimanded, restricted or placed on probation by any medical licensing board or other entity?  Yes  No
- 2. Since your last renewal (or if this is your first renewal since your initial license application), have you had an application to practice medicine denied or refused by another medical licensing board or entity?  Yes  No
- 3. Since your last renewal (or if this is your first renewal since your initial license application), have you had hospital privileges denied, revoked, suspended or restricted in any way?  Yes  No
- 4. Since your last renewal (or if this is your first renewal since your initial license application), have you voluntarily surrendered a medical license, controlled substance registration or DEA registration?  Yes  No
- 5. Since your last renewal (or if this is your first renewal since your initial license application), 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. Since your last renewal (or if this is your first renewal since your initial license application), have you had any new medical malpractice lawsuits filed against you, had any malpractice judgments returned against you, or have you settled any malpractice claims/lawsuits?  Yes  No

**If yes, how many?** \_\_\_\_\_

- 9. 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
- 10. Since your last renewal (or if this is your first renewal since your initial license application), have you discontinued the practice of medicine for any reason for one month or more?  Yes  No
- 11. Since your last renewal (or if this is your first renewal since your initial license application), has your ability to prescribe controlled substances been denied, revoked, suspended or limited by any hospital, health care facility or other entity?  Yes  No
- 12. 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 crime other than a minor traffic offense?  Yes  No

**Note:** A DUI is not a minor traffic offense.

**ATTESTATION**

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: \_\_\_\_\_

I hereby recommend the renewal of this Academic License.

Dean's 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.