South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Medical Examiners
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2025-2027 RESPIRATORY CARE PRACTITIONER LATE RENEWAL APPLICATION

Renewal Instructions/Requirements:

- $140 (Late Fee $75 + Renewal Fee $65) in the form of a check or money order only made payable to LLR-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.)
- Proof of completing 30 CME hours (Certificates ONLY)
- Practice is not allowed after May 31, 2025.
- After May 31, 2025, your license is lapsed and late renewal application must be completed and late fee paid.
- If your Medical Director has changed, please email the board the updated Medical Director Name and License number.

If you would like your name added to the SC Statewide Emergency Registry of Volunteers, please visit: Better Impact

LICENSEE INFORMATION

Name: _____ Profession: _____ License No.: _____

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: _____ Email: _____

Business Name: _____ Business Phone: _____

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

PRACTICE INFORMATION

Current Activity Status (check one only):

☐ Active Practice, in SC
☐ Active Practice, Volunteer work only
☐ Not Currently Practicing, Seeking Licensed Practice
☐ Not Currently Practicing, Not Seeking Licensed Practice
☐ Active Practice, Out-of-State: _____
☐ Not Currently Practicing, Disabled
☐ Retired
☐ Other: _____

Total Number of Employers: _____ Total Estimated Hrs. Per Week (all practice locations): _____

Primary Practice

Name of Employer: _____ Estimated Hours Per Week: _____

Employer Address: _____

Employer County: _____ City: _____ State: ____ Zip: _____

Medical Director: _____ Medical Director License No.: _____

Primary Practice Setting (Check one only):

- ☐ Academic Setting (Teaching/Research)
- ☐ Federal Health Facility (VA, MIL, NIH, HIS, etc.)
- ☐ Home Health/DME
- ☐ Hospital-Emergency Room/Dept.
- ☐ Hospital-Inpatient (General/Acute)
- ☐ Hospital-Inpatient (ICU, CCU, NICU, etc.)
- ☐ Hospital (Sub-Acute)
- ☐ Manufacturer/Distributor
- ☐ Nursing Home/SNF/Other Institutional Setting
- ☐ Outpatient Facility/Physician Office
- ☐ Sleep Center/Diagnostic Center
- ☐ Transportation Services
- ☐ Other Setting: _____

Secondary Practice

Name of Employer: _____ Estimated Hours Per Week: _____

Employer Address: _____

Employer County: _____ City: _____ State: ____ Zip: _____

Medical Director: _____ Medical Director License No.: _____

Secondary Practice Setting (Check one only):

- ☐ Academic Setting (Teaching/Research)
- ☐ Federal Health Facility (VA, MIL, NIH, HIS, etc.)
- ☐ Home Health/DME
- ☐ Hospital-Emergency Room/Dept.
- ☐ Hospital-Inpatient (General/Acute)
- ☐ Hospital-Inpatient (ICU, CCU, NICU, etc.)
- ☐ Hospital (Sub-Acute)
- ☐ Manufacturer/Distributor
- ☐ Nursing Home/SNF/Other Institutional Setting
- ☐ Outpatient Facility/Physician Office
- ☐ Sleep Center/Diagnostic Center
- ☐ Transportation Services
- ☐ Other Setting: _____

CONTINUING EDUCATION (CE)

Do not submit any CE documentation to the Board's office. South Carolina Board of Medical Examiner licensees may utilize the CE Broker system, https://cebroker.com/plans, for reporting and maintaining all CEs required for SC licensure. The Board will conduct a random audit after the renewal period.

Is this your first renewal since you received your initial permanent license? ☐ Yes ☐ No

If yes, you are not required to report continuing education for this renewal.

If no, have you completed at least 30 hours of approved continuing education between June 1, 2023, and May 31, 2025? (If this is your first renewal since you received your initial permanent license, you are not required to report continuing education for this renewal. If this applies to you, please check "Yes".) ☐ Yes ☐ No

PERSONAL HISTORY QUESTIONS

If you answer "Yes" to any of the questions below, submit a detailed letter of explanation along with any other relevant documentation. If this is your first renewal since you received your initial license, the response should be from the time the license was granted.

1. Since your last renewal (or if this is your first renewal since your initial license application), has your respiratory care practitioner license been revoked, suspended, reprimanded, restricted, disciplined, or placed on probation by a medical/respiratory licensing board or any 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 respiratory care/therapy denied or refused by another medical/respiratory care licensing board or other entity? ☐ Yes ☐ No

3. Since your last renewal (or if this is your first renewal since your initial license application), have you had any hospital privileges denied, revoked, suspended or restricted in any way, even if they were subsequently reinstated? ☐ Yes ☐ No

4. Since your last renewal (or if this is your first renewal since your initial license application), have you voluntarily surrendered any license related to your practice as a respiratory care practitioner? ☐ 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 licensing board, health care facility or other entity? ☐ Yes ☐ No

7. Since your last renewal (or if this is your first renewal since your initial license application), have you had a malpractice lawsuit filed against you, a judgment returned/filed against you, or settled a medical malpractice claim? ☐ Yes ☐ No

   If yes, how many? _____
   (Complete a Malpractice Information Claim Form for each claim)

8. 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.") ☐ Yes ☐ No

9. Since your last renewal (or if this is your first renewal since your initial license application), have you discontinued the practice of respiratory care therapy for any reason for three consecutive months or more? ☐ Yes ☐ No

10. 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? (Note: A DUI is not a minor traffic offense.) ☐ Yes ☐ No

    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.

11. Has there been any change in the status of your lawful presence in the United States since initial licensure or since your last renewal (including but not limited to a change in immigration status or type)? ☐ Yes ☐ No

    If yes, attach an updated Verification of Lawful Presence form, found here.

12. Do you have any lawful presence/immigration documentation that expires before June 30, 2027? ☐ Yes ☐ No

    If yes, attach an updated Verification of Lawful Presence form, found here.

PRACTICE ACTIVITY STATEMENT FOR LATE RENEWAL (RCP)

1. I UNDERSTAND THIS IS A SWORN STATEMENT MADE UNDER OATH _____ (initial of licensee)
2. I HEREBY CERTIFY THAT

☐ I HAVE **NOT** PRACTICED AS A RESPIRATORY CARE PRACTITIONER IN SOUTH CAROLINA SINCE THE LAPSE OF MY SOUTH CAROLINA RCP LICENSE ON **MAY 31, 2025.**

☐ I HAVE PRACTICED AS A RESPIRATORY CARE PRACTITIONER IN SOUTH CAROLINA SINCE THE LAPSE OF MY SOUTH CAROLINA RCP LICENSE ON **MAY 31, 2025.**

FOR LATE RENEWAL, YOU MUST ALSO PROVIDE ALL CME FOR THE RENEWAL PERIOD, PAY THE RENEWAL FEE OF $75.00 AND LATE FEE OF $75.00. (TOTAL $150.00)

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 of Licensee: _____ Date: _____

Sworn to and subscribed before me this _____ day of _____ , 20____

Notary Public Signature: _____

Print Notary Name: _____

My Commission Expires: _____ *(Seal)*

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.