



**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

llr.sc.gov/med

**2025-2027 LATE RENEWAL APPLICATION FOR ANESTHESIOLOGIST'S ASSISTANT**

**Renewal Instructions/Requirements:**

- Check or money order only in the amount of \$260 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.)
- **Biennial Renewal / Late Fees:**  
Renewed/postmarked on or before 12/31/2025: Renewal Fee **\$260**  
Renewed/postmarked 1/1/2026 - 12/31/2026: Late Fee \$260 + Renewal Fee \$260 = **\$520**
- Licenses not renewed by December 31, 2025, will lapse.
- Practice is not allowed after December 31, 2025.
- Current copy of NCCAA certificate.
- SC Code Section 40-47-41(C) requires a licensee to notify the Board in writing within fifteen business days of any change of residential address, office address, or office telephone number. Failure to maintain a current address could result in important correspondence not reaching you.

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

SC License Number: \_\_\_\_\_

**LICENSEE INFORMATION**

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

Since your last renewal (or if this is your first renewal, since you were first licensed), have you legally changed your name? ☐ Yes ☐ No Prior Last Name: \_\_\_\_\_

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

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
(Required)

**Current 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 EMPLOYMENT INFORMATION**

Business Name (Primary Place of Practice): \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Avg. Hours/week: \_\_\_\_\_

Supervising Anesthesiologist: \_\_\_\_\_ Supervisor's License Number: \_\_\_\_\_

**Practice Setting: (Where patients are seen initially)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Hospital, Non-Federal General          | <input type="checkbox"/> Hospital, Non-Federal Psychiatric     | <input type="checkbox"/> Hospital, Non-Federal Rehab    |
| <input type="checkbox"/> Federal, Military Health Facility      | <input type="checkbox"/> Federal, Non-Military Health Facility | <input type="checkbox"/> Freestanding Outpatient Clinic |
| <input type="checkbox"/> Freestanding Ambulatory Surgery Center | <input type="checkbox"/> Freestanding Emergency/Urgent Care    | <input type="checkbox"/> Private Office                 |
| <input type="checkbox"/> University/College of Medicine         | <input type="checkbox"/> Administrative/Regulatory Health      | <input type="checkbox"/> Business Establishment         |
| <input type="checkbox"/> Other: _____ (Specify)                 |  |   |

**Form of Practice: (Source of Income)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Other Private Employer | <input type="checkbox"/> County Government            | <input type="checkbox"/> Self-Employed, Solo |
| <input type="checkbox"/> Self-Partner; Group    | <input type="checkbox"/> Self; Group, Multi-Specialty | <input type="checkbox"/> Non-Profit Agency   |
| <input type="checkbox"/> State Government       | <input type="checkbox"/> Federal, Military            | <input type="checkbox"/> Federal, Civilian   |
| <input type="checkbox"/> Other: _____ (Specify) |   |  |

**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 Anesthesia Assistant license been revoked, suspended, reprimanded, restricted, disciplined, or placed on probation by any medical licensing board or other entity? (You may answer "No" if you have had action taken against you by the South Carolina Board of Medical Examiners.) ☐ Yes ☐ No
2. 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
3. Since your last renewal (or if this is your first renewal since your initial license application), have you voluntarily surrendered or had any 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 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
5. 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 or other similar offense involving alcohol while driving a vehicle is not a minor traffic offense and must be reported.) ☐ 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.

**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 December 31, 2027? ☐ Yes ☐ No

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

## PRACTICE ACTIVITY STATEMENT FOR LATE RENEWAL (AA)

1. I UNDERSTAND THIS IS A SWORN STATEMENT MADE UNDER OATH \_\_\_\_\_ (initial of licensee)
2. I HEREBY CERTIFY THAT
  - ☐ I HAVE **NOT** PRACTICED AS AN ANESTHESIOLOGIST'S ASSISTANT IN SOUTH CAROLINA SINCE THE LAPSE OF MY SOUTH CAROLINA AA LICENSE ON **DECEMBER 31, 2025.**
  - ☐ I HAVE PRACTICED AS AN ANESTHESIOLOGIST'S ASSISTANT IN SOUTH CAROLINA SINCE THE LAPSE OF MY SOUTH CAROLINA AA LICENSE ON **DECEMBER 31, 2025.**

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: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public Signature: \_\_\_\_\_

Print Notary Name: \_\_\_\_\_

Notary for the State of: \_\_\_\_\_

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.