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Advisory Opinion #81

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Lasers, Pulsed Light, Radiofrequency Devices, or Other Light-based Techniques

In recent years, technological advances have made it possible to perform cosmetic surgical procedures of the skin using a variety of devices and techniques. Lasers, pulsed light, and radiofrequency devices are often used for ablative and non-ablative treatments.¹ Surgery using these techniques, or other similar means, constitutes the practice of medicine and are, therefore, medical acts similar to other standard forms of surgical intervention.²

Can an Advanced Practice Registered Nurse perform these tasks?

The South Carolina BME has recognized that the use of ablative and non-ablative lasers may be delegated to non-physician advanced health care practitioners who are appropriately trained and licensed in South Carolina.³

An APRN must have the appropriate prescriptive authority in order to prescribe medications under South Carolina law and in accordance with the standards set forth in this opinion.⁴

APRNs performing light-based procedures must do so pursuant to a written practice agreement as required by South Carolina Code § 40-33-20(45). The practice agreement must identify all of the following:

1. medical conditions for which therapies may be initiated, continued, or modified

¹ Ablative treatments are those that are intended or expected to excise, burn, or vaporize the skin below the dermo-epidermal junction. Non-ablative treatments are those that are not expected or intended to excise, burn, or vaporize the epidermal surface of the skin.

² Surgery is performed for the purpose of structurally altering the human body by the incision or destruction of tissues and is a part of the practice of medicine and thus falls under the scope of the South Carolina Board of Medical Examiners. Surgery is also the diagnostic or therapeutic treatment of conditions or disease processes by any instruments causing localized alteration or transposition of live human tissue, which include lasers, ultrasound, ionizing radiation, scalpels, probes, and needles. The tissue can be cut, burned, vaporized, frozen, sutured, probed, or manipulated by closed reduction for major dislocations and fractures, or otherwise altered by any mechanical, thermal, light-based, electromagnetic, or chemical means. All of these surgical procedures are considered to be invasive, including those that are performed with lasers, and the risks of any surgical intervention are not eliminated by using a light knife or laser in place of a metal knife or scalpel.

³ SC BME Policy <https://llr.sc.gov/med/Policies/LasersOtherDevices.aspx>

⁴ CRNAs, by law, lack prescriptive authority.

2. treatments that may be initiated, continued, or modified
3. drug therapies that may be prescribed
4. situations that require direct evaluation by or referral to the physician. See S.C. Code Ann. § 40-33-34 (D)(1)(b).

In order to perform or delegate these additional acts, an APRN must have training, education, and experience, which should be confirmed by their collaborating physician. Their collaborating physician must also have sufficient training, education, and experience related to these acts.

Can these acts be delegated to a Registered Nurse?

The State Board of Nursing for South Carolina has determined that an APRN can delegate non-ablative procedures to a Registered Nurse (RN) and it is within the scope of practice for RNs to perform non-ablative⁵ procedures as additional acts under the following guidelines:

1. The supervising physician/Advanced Practice Registered Nurse (APRN) is immediately available on site and able to respond within five minutes to any question or adverse event.
2. The supervising physician/APRN performs and documents an initial assessment prior to treatment and as needed during the course of therapy. This practitioner/patient relationship cannot be established by an RN.
3. The RN has satisfactorily completed a documented specialized education and training program on applicable techniques and safety, which includes supervised practice and clinical skills competency.
4. The facility must have applicable written policies and procedures in place.
5. Continuing education and competency demonstration for these procedures is ongoing and documented.

⁵ Laser removal of hair and spider veins are examples of non-ablative lasers.