



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Podiatry Examiners

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llr.sc.gov/pod

2025-2027 RENEWAL APPLICATION FOR PODIATRIST

Renewal Instructions/Requirements:

- Mail completed application and renewal fee in the form of a check or money order (no cash) in the amount of **\$275** made payable to the S.C. Board of Podiatry Examiners to the address listed above. (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.)
- **Renewal/Late Fees:**
Renewed/postmarked on or before 12/31/2025: **\$275**
Renewed/postmarked 1/1/2026 – 3/1/2026: Late Fee \$200 + Renewal Fee \$275 = **\$475**
After March 1, a reactivation application will be required.
- **Continuing Education:** If a podiatrist is authorized pursuant to state and federal law to prescribe controlled substances, two of the requisite 24 biennial hours of continuing education must be related to approved procedures for prescribing and monitoring controlled substances listed in Schedules II, III, and IV of the schedules provided for in S.C. Code Sections 44-53-210, 44-53-230 and 44-53-250. Licensees are required to submit their CME hours to CE Broker prior to renewing. You can activate your free CE Broker account using the following link: <https://cebroker.com/plans>. The Board will not maintain copies of your CME documentation. A random audit may be conducted at the end of the renewal period.

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

SC License No.: _____

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 No.: _____ Email: _____
(Required)

Business Name: _____

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

Business Phone No.: _____ Business Fax No.: _____

Hours/week: _____

If a SC resident, select the district below for the county in which you reside:		
<input type="checkbox"/> Lower District	<input type="checkbox"/> Upper District	<input type="checkbox"/> Central District
Bamberg	Abbeville	Aiken
Berkeley	Anderson	Allendale
Beaufort	Cherokee	Barnwell
Charleston	Chester	Calhoun
Colleton	Edgefield	Clarendon
Dillon	Fairfield	Chesterfield
Dorchester	Greenville	Darlington
Florence	Greenwood	Kershaw
Georgetown	Lancaster	Lee
Hampton	Laurens	Lexington
Horry	McCormick	Marlboro
Jasper	Newberry	Orangeburg
Marion	Oconee	Richland
Williamsburg	Pickens	Sumter
	Saluda	
	Spartanburg	
	Union	
	York	

CONTINUING EDUCATION

If a podiatrist is authorized pursuant to state and federal law to prescribe controlled substances, two of the requisite 24 biennial hours of continuing education must be related to approved procedures for prescribing and monitoring controlled substances listed in Schedules II, III, and IV of the schedules provided for in S.C. Code Sections 44-53-210, 44-53-230 and 44-53-250.

You must set up a CE Broker account and upload all required CMEs before you can renew your license. Please visit <https://cebroker.com/plans> to set up your free CE Broker account. You do not need to submit proof of continuing education compliance to the Board. The Board may conduct a random audit to determine CME compliance after the renewal period ends. If a licensee is determined not to be compliant with statutory requirements for continuing education, he/she may be subject to disciplinary action by the Board.

Have you completed 24 hours of approved continuing medical education (CME)? Yes No

Have you reported your CMEs to CE Broker? Yes No

Do you have a South Carolina Department of Public Health/DEA Controlled Substance Registration? Yes No

Have you completed the required 2 hours of CME in controlled substance prescribing and monitoring? (Not applicable if you do not have a current South Carolina Controlled Substance Registration.) Yes No N/A

Board Certification/Qualification:

Are you board certified or board qualified by the American Board of Foot and Ankle Surgery (ABFAS)? Yes No

(If yes, submit a copy of the certificate at: <https://eservice.llr.sc.gov/DocumentSubmission/>)

If so, is your certification/qualification currently maintained? Yes No

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

Estimated work hours per week at your primary practice location: _____

County of primary practice: _____ Total number of practice locations: _____

Current Primary Practice Setting:

<input type="checkbox"/> 21 Fed Military Health Fac.	<input type="checkbox"/> 22 Fed Non-Military Health Fac.	<input type="checkbox"/> 13 Free-standing Clinic
<input type="checkbox"/> 15 Private Office	<input type="checkbox"/> 11 Hosp, Non-Fed General	<input type="checkbox"/> 24 Hospital, Non-Fed Rehab
<input type="checkbox"/> 31 Univ/College of Med	<input type="checkbox"/> 71 Other: _____	

Current Primary Form of Practice:

<input type="checkbox"/> 11 Self-Employed, Solo	<input type="checkbox"/> 13 Self-Partner, Group	<input type="checkbox"/> 14 Self, Group, Multi-Specialty
<input type="checkbox"/> 25 Other Private Employer	<input type="checkbox"/> 32 County Gov.	<input type="checkbox"/> 33 State Gov.
<input type="checkbox"/> 35 Federal, Military	<input type="checkbox"/> 34 Federal, Civilian	<input type="checkbox"/> 43 Non-Profit Agency
<input type="checkbox"/> 43 Resident/Intern Training	<input type="checkbox"/> 44 Volunteer	<input type="checkbox"/> 41 Other: _____

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 had any Podiatry/Medical license revoked, suspended, reprimanded, restricted, disciplined, or placed on probation by a professional licensing board or other entity (other than SC Board)? 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 podiatry or medicine denied or refused by another 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 any hospital privileges or other privileges of any kind been revoked, suspended, restricted, denied? Or have you ever voluntarily or involuntarily resigned or withdrawn from such association or facility to avoid imposition of such measures? **(Include the relinquishment of privileges while under investigation or pending action for any reason. Do not include the relinquishment of privileges as a result of a personal decision.)** Yes No
4. Since your last renewal (or if this is your first renewal since your initial license application), has your ability to prescribe controlled substances ever been denied, revoked, suspended, or limited by any hospital health care facility or other entity? Yes No
5. Since your last renewal (or if this is your first renewal since your initial license application), have you ever voluntarily surrendered or relinquished a Podiatry/Medical license, controlled substance registration or DEA registration? Yes No
6. To your knowledge, are you currently under investigation or the subject of pending disciplinary action by any federal or state agency, professional association, licensed hospital or clinic, or other entity? Yes No
7. 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
8. 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.) 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](#).

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 may 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.