

Name: __

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 www.llronline.com/POL/Medical/



Phone: 803-896-4500 • Medboard@llr.sc.gov • Fax: 803-896-4515

_____ License #:_

2017-2019 Acupuncturist Renewal Application

	on this renewal application. Incomplete applic	cations will be returned.	
2. Make any necessary changes and attach a Mail completed application with a pay	dditional sheets as necessary. ment \$145.00 made payable to LLR-Board o	f Medical Evaminers P	O Box 11289
	imber (803) 896-4500 Applications must be p		
	adline a <mark>late fee of \$50 per month thro</mark>		
apply. You must reapply for lice		Ź	
	d on all returned fund. All fees are non-refunda	ble.	
Home Address	Primary Place of Employment	Mailing Address	
County:	Country		
Phone:	County: Phone:		
Fax:	Fax:		
E-Mail:	E-Mail:		
Cell Phone (Confidential Info for DHEC Emergency Contact System):			
Licensed as an: Select one Acupunctur	ist 🗌 Auricular Therapist 🗎 Auricular I	Detoxification Therapist	
List all active and inactive other state licenses			
National Certification (Select and attach a co	py of your national certification certificate)		
National Certification Commission	for Acupuncture and Oriental Medicine (NCCAOM)	Expiration date	
		Expiration date	
National Acupuncture Detoxificatio			
Other national certification			
	g questions. If your answer is "Yes" to any of the rolled in the Recovering Professional Program (I		
·	ther disciplinary action been rendered against you by	any Medical Board (other	☐ Yes ☐ No
	ensure/certification by any licensing board related to		
2. Since your last renewal, have any hospital privileges or other privileges of any kind been revoked, suspended, restricted,			☐ Yes ☐ No
denied or voluntarily surrendered or relinquished? Since your last renewal, has your ability to practice acupuncture been impaired by any physical, emotional or mental			☐ Yes ☐ No
 Since your last renewal, has your ability to practice acupuncture been impaired by any physical, emotional or mental illness, whether temporary or permanent? ** 			☐ Tes ☐ No
			☐ Yes ☐ No
your ability to competently and safely perform the essential functions of practice? *			
5. Since your last renewal, have you developed any disease or conditions, physical, mental or emotional (i.e. bipolar disease, schizophrenia, paranoia or any other psychotic disorder) that might interfere with your ability to competently and safely			☐ Yes ☐ No
perform the essential functions of practice?		competently and safety	
6. Since your last renewal, have you been convicted, pled guilty or pled <u>nolo contendere</u> for violation of any federal, state or local law (other than minor traffic violations)?			☐ Yes ☐ No
7. Since your last renewal, has there been any change in the status of your lawful presence in the United States since initial licensure?			☐ Yes ☐ No
8. Since your last renewal, have you been disc	harged involuntarily from employment?		Yes No
Signature:	Date:		
			C T C

South Carolina Law requires the agency 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 services. In order to better protect the information you provide, please provide the Department with the following information that may be released to the public upon request: a public mailing address, a public email address and a public telephone number.