



South Carolina Department of Labor, Licensing and Regulation

Board of Medical Examiners

110 Centerview Drive • Kingtree Building • Suite 306

P.O. Box 12517 • Columbia, SC 29211

Telephone: (803) 896-4501

2004 ANESTHESIOLOGIST'S ASSISTANTS REREGISTRATION APPLICATION

1. Application with \$160.00 fee (non-refundable) and documentation of your current NCCAA standing must be received in the Board's office on or before December 31, 2004. Make the check payable to LLR-Board of Medical Examiners.
2. You must complete all spaces, and sign the reregistration application; failure to do so will render your application incomplete.
3. Report data as you anticipate will be current as of January 1, 2005.
4. You will be considered delinquent and inactive if your reregistration application and fee has not been received in the Board's office on or before December 31, 2004. Practicing on an inactive license is a violation of The Medical Practice Act.

Last Name (Jr./Sr.,etc) First Name Middle Name

Preferred Mailing Address

Street Department

City County State Zip Code + 4

Office Address _____
Street

City State Zip Code + 4 Telephone

Home Address _____
Street

City State Zip Code + 4 Telephone

A.A. License Number * Social Security Number Date of Birth

Sponsoring Anesthesiologist Name: _____

IMPORTANT: A copy of your current NCCAA certificate and fee of \$160.00 must accompany this reregistration form when it is returned to the Board office. Any reregistration forms received in the Board office without a copy of current NCCAA standing attached will be considered incomplete and will be returned.

- The Social Security Number (SSN) is not subject to disclosure as public information. The disclosure of the SSN for identification purposes is authorized and mandated by federal statutes requiring state medical boards to report to the Healthcare Integrity and Protection Data Bank (HIPDB) and the National Practitioner Data Bank (NPDB), among other things.

(Continued)

PERSONAL DATA

ANSWER “YES” OR “NO” TO EACH OF THE FOLLOWING QUESTIONS. IF YOUR ANSWER IS “YES” TO ANY OF THE QUESTIONS BELOW, YOU MUST ATTACH A FULL WRITTEN EXPLANATION.

****IF YOU ARE CURRENTLY ENROLLED IN THE RECOVERING PROFESSIONALS PROGRAM, (RPP) YOU MAY ANSWER “NO” TO THIS QUESTION.**

ANSWER YES OR NO

- 1. Since you were last registered with this Board, has any order or other disciplinary action been rendered against you by any medical board (other than SC Board) or have you been denied licensure/certification by any medical board? _____
- 2. Since you last registered with this Board, have any hospital privileges been revoked, suspended, restricted, denied or voluntarily surrendered? _____
- 3. Since you last registered with this Board, has your ability to practice as an Anesthesiologist’s Assistant been impaired by a physical, emotional or mental illness, whether temporary or permanent?*** _____
- 4. Since you last registered with this Board, been treated for any physical, mental, or emotional conditions that might interfere with your ability to competently and safely perform essential functions of practice?*** _____
- 5. Since you last registered with this Board, have you developed any disease or conditions, physical, mental or emotional, (e.g. bipolar disorder, schizophrenia, paranoia or other psychotic disorder) that might interfere with your ability to competently and safely perform essential functions of practice?*** _____
- 6. Since you last registered with this Board, have you been arrested, indicted, or convicted, pled guilty, or pled nolo contendere for violation of any federal, state or local law (other than minor traffic violations)? _____
- 7. Since you last registered with this Board, have you been discharged involuntarily from employment? _____

I have carefully read all questions in this reregistration application and have answered them fully, accurately, and completely. I hereby agree that my failure to answer all questions or make full disclosure of any facts or information called for in this application shall constitute cause for the denial of my application or for the revocation of my license to practice as an Anesthesiologist’s Assistants in South Carolina.

I hereby authorize the Board of Medical Examiners of South Carolina to utilize my Social Security Number in making necessary reports to the Federation of State Medical Boards’ Physician Data Center for compilation about applicants and licensees in order to coordinate licensure and disciplinary activities between the individual States’ licensing boards.

Applicant’s
Signature: _____ Date: _____