

Please return completed form and payment to the address below:  
SC Board of Medical Examiners  
PO Box 11289  
Columbia, SC 29211

### NOTICE CONCERNING PERSONAL PRIVACY

Section 30-2-50 of the Code of Laws of the State of South Carolina provides that no person or private entity shall knowingly obtain or use any personal information obtained from a public body for any commercial solicitation directed to a person in this State. **The South Carolina Department of Labor, Licensing & Regulation, as a public entity, gives notice to you, as a requestor of records from this agency, that obtaining or using these public records for commercial solicitation is prohibited.**

Commercial solicitation means contact by telephone, mail or electronic mail for the purpose of selling or marketing a consumer product or service. Pursuant to Section 30-2-30(3), commercial solicitation does not include the following:

- Offering membership in a credit union;
- Notification of continuing education opportunities;
- Selling or marketing banking, insurance securities, or commodities services provided by an institution or entity defined in or required to comply with the Federal Gramm-Leach-Bliley Financial Modernization Act, 113 Stat. 1338; or
- Contacting persons for political purposes using information on file with state and local voter registration offices.

Any person who knowingly uses public records for commercial solicitation is guilty of a misdemeanor and, upon conviction, must be fined an amount not to exceed five hundred dollars or imprisoned for a term not to exceed one year, or both.

Please see S. C. Code of Laws section 30-2-10, et seq. for full text of Family Privacy Protection Act of 2002.

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**Please select listing type and complete the information below. Make checks payable to the SC Board of Medical Examiners.**

MD/DO Listing      \$10.00     PA Listing      \$10.00     RCP Listing      \$10.00  
 Acupuncture Listing      \$10.00     Sleep Techs      \$10.00     Listing of all Licenses      \$10.00

**Requestors Information:**

Company Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Indicate mailing preference:**

E-Mail to \_\_\_\_\_  Diskette/CD

\_\_\_\_\_  
Name (print only)

\_\_\_\_\_  
Signature

Date \_\_\_\_\_