



**South Carolina Department of Labor, Licensing and Regulation**  
**Board of Medical Examiners**  
110 Centerview Drive, P.O. Box 11289  
Columbia, SC 29211-1289  
(803) 896-4500

**REQUIREMENTS FOR LIMITED LICENSE TO PRACTICE AS A PHYSICIAN ASSISTANT**

An applicant for limited licensure in South Carolina must comply with Section 40-47-950.

- (A) The Board may issue a limited physician assistant license to an applicant who has:
- (1) submitted a completed application on forms provided by the Board;
  - (2) paid the non-refundable application fee;
  - (3) successfully completed an educational program for physician assistants approved by the American Medical Association Counsel on Medical Education; (Insert 3)
  - (4) never previously failed two consecutive NCCPA certifying examinations and has registered for, or intends to register to take the next offering of, the NCCPA examinations; (Insert 2)
  - (5) certified that he or she is mentally and physically able to engage safely in practice as a physician assistant;
  - (6) no licensure, certificate, or registration as a physician assistant under current discipline, revocation, suspension, probation, or investigation for cause resulting from the applicant's practice as a physician assistant;
  - (7) good moral character;
  - (8) submitted to the Board any other information the Board considers necessary to evaluate the applicant's qualifications;
  - (9) appeared before a Board member designee with his or her supervising physician and all original diplomas and certificates and demonstrated knowledge of the contents of this article;
  - (10) successfully completed an examination on the statutes and regulations regarding physician assistant practice and supervision. (Insert 5)
  - (11) scope of practice guidelines must accompany the application.
- (B) A limited license is not renewable and is valid only until the results of a limited licensee's two consecutive NCCPA certifying examinations are reported to the board. When a limited licensee has failed two consecutive NCCPA certifying examinations, or fails one exam and does not take the NCCPA certifying examination at the next opportunity or, after applying for a limited license, fails to register for the next offering of the examination, the limited license is immediately void and the applicant is no longer eligible to apply for further limited licensure. (Insert 2)
- (C) The supervising physician of a limited licensee must be physically present on the premises at all times when the limited licensee is performing any task. No on-the-job training, or task not listed on the application, may be approved for a limited license holder.
- (D) Alternate supervising physicians are responsible for the physician assistant in the absence of the primary supervising physician. Only physicians with permanent South Carolina license may serve as alternate supervising physicians. A physician who is on probation with this Board may not serve as an alternate supervising physician. The application must include the signature(s) of alternate supervisor(s). **To add an alternate supervising physician at a later time, the alternate(s) must write this Board requesting to be added.** This request must include the original signature and SC permanent license number. The alternate(s) will be notified in writing of approval and may not begin serving as an alternate until he/she has received written approval from the Board.
- (E) Limited License application fee is \$25. Application fee is non-refundable.
- (F) Limited license holders are not eligible for prescriptive authority.
- (G) Upon successful passage of the NCCPA examination, you may update to a permanent license by submitting a copy of your NCCPA certificate and an update fee of \$134. Prescriptive Authority Application forms are on the Board's website at [www.llr.state.sc.us/POL/medical](http://www.llr.state.sc.us/POL/medical).

**NOTE: A Prescriptive Authority application form is included in this packet. However, Limited Licensee are not eligible for Prescriptive Authority until they have received a permanent license.**

STATE BOARD OF MEDICAL EXAMINERS OF SOUTH CAROLINA

AGREEMENT

WHEREAS, the below signed (Applicant) has applied for a Limited License to practice as a Physician Assistant in South Carolina; and

WHEREAS, Applicant has provided documentation that he/she has never previously failed two consecutive National Commission on Certification of Physician Assistants' examination, and he/she has registered for or intends to register to take the next offering of this examination, and that he/she has graduated from a Physician Assistant training program approved by the American Medical Association; and

WHEREAS, Section 40-47-950 of the 1976 S.C. Code, as amended, setting forth the criteria for a Limited License; and

WHEREAS, this Statute explicitly states that if Applicant fails two consecutive NCCPA examinations or fails to register for the next scheduled NCCPA examination, the Limited License shall be "immediately void," and Applicant shall not be eligible for another Limited License; and

WHEREAS, this Statute further makes clear that the Applicant's supervising physician must be "physically present on the premises at all times" when the Applicant "is performing any task." It also provides that "no-on-the-job training or tasks not listed on the application shall be approved" for Applicant.

IT IS THEREFORE UNDERSTOOD AND AGREED THAT:

- (1) Pursuant to Physician Assistant Practice Act Section 40-47-950 (9), Applicant must appear with his/her supervising physician before a Board member prior to any issuance of a Limited License.
(2) Applicant acknowledges and agrees that this Limited License is not renewable and is valid only until the results of a limited licensee's two consecutive NCCPA certifying examinations are reported to the Board.
(3) Applicant further acknowledges and agrees that if he/she may not perform "on-the-job training" or any tasks not listed on the Physician Assistant application and that his/her supervising physician must be "physically present on the premises" at all times when he/she is performing any task.
(4) Applicant further acknowledges and agrees that he/she has fully read this Agreement, is familiar with and fully understands the Physician Assistant Practice Act, and further fully understands and consents to the specific provisions and limitations of any Limited License that may be issued pursuant to Section 40-47-950.
(5) Applicant further agrees that he/she will immediately notify this Board, in writing, of any change of address or change regarding the status of his/her supervising physician or employment relationship.

AND IT IS SO AGREED.

STATE BOARD OF MEDICAL EXAMINERS OF SOUTH CAROLINA

Physician Assistant Signature

Date

Supervising Physician Signature

Date

Interviewing Board Representative Signature

Date