

**South Carolina Department of Labor, Licensing and Regulation
Board of Medical Examiners
110 Centerview Drive, PO Box 11289, Columbia, SC, 29211
2011-2013 Physician Assistant Renewal Application**

Name: _____ **License #:** _____

Renewal Instructions

1. Complete all questions and blank spaces on this renewal application. **Incomplete applications will be returned.** Make any necessary corrections and attach additional sheets as necessary.
2. If working PRN, please estimate or average number of hours per week worked.
3. **Mail completed application with a \$50 fee to LLR-Board of Medical Examiners**, 110 Centerview Drive, PO Box 11289, Columbia, SC 29211; Telephone number (803) 896-4500; Web page: www.llr.state.sc.us/pol/medical.
4. **You will be considered delinquent and inactive if your renewal has not been received on or before December 31, 2011. Practicing on an inactive license is a violation of the Medical Practice Act.**

Home Address: _____ Business Address: _____ Mailing Address: _____

County: _____ County: _____
 Phone: _____ Phone: _____
 Fax: (_____) _____ Fax: _____
 E-Mail: _____ E-Mail: _____

Supervising Physician: _____ Type of Practice: _____
 Supervisor's Lic No: _____ Hrs./Wk: _____

Secondary Primary Supervising Physician (**Not alternate**)

Name: _____ Type of Practice: _____
 Lic No: _____
 Address: _____ Setting: _____
 _____ Hrs./Wk: _____
 County: _____

Third Primary Supervising Physician (**Not alternate**)

Name: _____ Type of Practice: _____
 Lic No: _____
 Address: _____ Setting: _____
 _____ Hrs./Wk: _____
 County: _____

Activity Status (check only one).

- 01| Currently practicing profession 02| Not currently practicing profession 08| Retired

Primary Setting of Practice (Where patients are seen initially).

- 11| Hospital, Non-federal general 23| Hospital, Non-federal psychiatric 24| Hospital, Non-federal rehab
 21| Federal, Military health facility 22| Federal, Non-military health facility 13| Freestanding outpatient clinic
 27| Freestanding ambulatory surgery center 29| Freestanding emergency/urgent care 15| Private office
 31| University/College of Medicine 44| Administrative/Regulatory health 50| Business Establishment
 71| Other, Specify _____

Form of Practice (Source of Income).

- 25| Other private employer 31| Local Government 11| Self; Solo 13| Self; Group, same specialty
 14| Self; Group, multi-specialty 28| Non-profit health agency 33| State government 35| Federal, Military
 34| Federal, Civilian 42| Other, Specify _____

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2011-2012 Physician Assistant Renewal Application**

1. Do you have a South Carolina DEA Controlled Drug License? Yes No
2. Have you completed the required 4 hours of continuing education in controlled substance prescribing? Yes No
3. Please check this box if you are willing for your name to be added to a list of volunteer Physician Assistants who may be called upon in the event of natural disaster (i.e. hurricane).

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 Professional Program (RPP), you may answer "No" to these questions.

4. Since you 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 by any other Medical Board? Yes No
5. Since you last registered with this Board, have any hospital privileges been revoked, suspended, restricted, denied or voluntarily surrendered? (Do not include the relinquishment of privileges as a result of a personal decision) Yes No
6. Since you last registered with this Board, has your ability to practice as a Physician Assistant been impaired by any physical, emotional or mental illness, whether temporary or permanent? ** Yes No
7. Since your last application for renewal of your license, have you been treated for any physical, mental, or emotional conditions that might interfere with your ability to competently and safely perform the essential functions of practice? ** Yes No
8. Since your last application for renewal of your license, 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 perform the essential functions of practice? ** Yes No
9. Since your last application for renewal of your license, 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)? Yes No
10. Since you last registered with this Board, have you been discharged involuntarily from employment? Yes No
11. How many hours a week do you work in the presence of your supervising physician? _____

*If your name has changed, please provide the Board with a copy of the legal document.
This may be faxed to 803-896-4515

NCCPA Certificate No. _____ Expiration Date _____

I have carefully 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 shall constitute cause for the initiation of disciplinary action against my South Carolina license and rejection of this application or delay in processing.

Signature _____ Date _____

If your name has changed, please provide the Board with a copy of the legal document.