



**2017-2019 Anesthesiologist's Assistant Late Renewal Application**

Name: \_\_\_\_\_ License #: \_\_\_\_\_

**Renewal Instructions**

1. Complete all questions and blank spaces on this renewal application. **Incomplete applications will be returned.**
2. Make any necessary corrections and attach additional sheets as necessary.
3. If your name has changed, please provide the Board with a copy of the legal document.
4. **Mail completed application and biennial renewal fee of \$295 plus \$295 late fee made payable to LLR-Board of Medical Examiners**, 110 Centerview Drive, P.O. Box 11289, Columbia, SC 29211-1289; Telephone number (803) 896-4500; Web page: [www.llr.state.sc.us/pol/medical](http://www.llr.state.sc.us/pol/medical).
5. Please visit our webpage at [www.llronline.com/POL/Medical](http://www.llronline.com/POL/Medical) if you have any questions.

Home Address: \_\_\_\_\_ Business Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

County: \_\_\_\_\_ County: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: (\_\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Supervising Physician or Anesthesiologist: \_\_\_\_\_ Type of Practice: \_\_\_\_\_  
 Supervisor's Lic No: \_\_\_\_\_ Hrs./Wk: \_\_\_\_\_

**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).**

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

**Form of Practice (Source of Income).**

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

South Carolina Department of Labor, Licensing and Regulation

Board of Medical Examiners

110 Centerview Drive, PO Box 11289, Columbia, SC, 29211

2017-2019 Anesthesiologist Renewal Application

- 1. Please check this box if you are willing for your name to be added to a list of volunteer Anesthesiologist’s Assistants who may be called upon in the event of natural disaster. [ ]

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.

- 2. Since your last renewal, 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
3. Since your last renewal, have any hospital privileges been revoked, suspended, restricted, denied or voluntarily surrendered? (Include the relinquishment of privileges while under investigation or pending action for any reason. Do not include the relinquishment of privileges as a result of a personal decision.) [ ] Yes [ ] No
4. Since your last renewal, has your ability to practice as an Anesthesiologist’s Assistant been impaired by any physical, emotional or mental illness, whether temporary or permanent? [ ] Yes [ ] No
5. Since your last renewal, 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
6. 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 perform the essential functions of practice? (If you have voluntarily enrolled in Recovering Professionals Program (RPP) and have remained in full compliance, you may answer “No”.) [ ] Yes [ ] No
7. Since your last renewal, have you been convicted, pled guilty or pled nolo contendere for violation of any federal, state or local law (other than minor traffic violations)? [ ] Yes [ ] No
8. Since your last renewal, have you been discharged involuntarily from employment? [ ] Yes [ ] No
9. Has there been any change in the status of your lawful presence in the United States since initial licensure? If yes, attach supporting documentation. [ ] Yes [ ] No

NCCAA 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 \_\_\_\_\_

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.