



**South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Medical Examiners**

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P.O. Box 11289 • Columbia • SC • 29211
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www.llr.sc.gov/POL/Medical/



2017-2019 RCP Renewal Application

Name: _____ Profession: _____ License #: _____

Renewal Instructions

1. Complete all questions and blank spaces on this renewal application. If an item is not applicable, answer N/A.
2. If your name has changed, please provide the Board with a copy of the legal document.
3. **Mail completed application and biennial renewal fee of \$75.00 made payable to S.C. Board of Medical Examiners to: LLR, S.C. Board of Medical Examiners, PO Box 11289, Columbia, SC 29211-2517. Applications must be postmarked by the Post Office on or before May 31, 2017.**
4. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
5. All fees are non-refundable.

Please visit our webpage at www.llronline.com/POL/Medical if you have any questions.

Home Address

Business Address

Mailing Address

_____	_____	_____
_____	_____	_____
_____	_____	_____

Phone: _____ Phone: _____ Phone: _____

Fax: _____ Fax: _____ Fax: _____

Email: _____ Email: _____ Email: _____

Congressional District: _____

Activity Status (check only one). Previously Reported: 01|Currently Practicing Profession

- 01| Currently practicing profession 02| Not currently practicing profession 18| Out of State 08| Retired

Primary Setting of Practice (Where patients are seen initially) Previously Reported: _____

- | | | |
|--|--|---|
| <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"/> 12 Nursing Home/Other Institution | <input type="checkbox"/> 41 Patient Homes | <input type="checkbox"/> 15 Private office |
| <input type="checkbox"/> 36 Tec/Junior College/Voc School | <input type="checkbox"/> 33 Other College or University | <input type="checkbox"/> 34 Sch/Treatment Center |
| <input type="checkbox"/> 71 Other, Specify _____ | | |

Primary Practice Location - Primary Supervising Physician Sponsor/Medical Director (Not alternate)

Name: _____ County: _____

License Number: _____ Setting (codes listed above): _____

Address: _____ Hrs./Wk: _____

Secondary Practice Location - Primary Supervising Physician Sponsor/Medical Director (Not alternate)

Name: _____ County: _____

License Number: _____ Setting (codes listed above): _____

Address: _____ Hrs./Wk: _____

Continuing Education

Have you completed at least 30 hours of approved continuing education in the last two years? (RCPs who are in their first renewal cycle after receiving their initial permanent license are not required to report continuing education for this renewal year only. If this applies to you, please check yes.) Yes No

Note: DO NOT SUBMIT continuing education certificates. The Board office will not maintain copies. A random audit will be conducted at the end of the renewal period requiring proof of CME documentation.

A list of approved continuing education programs is available at: www.llronline.com/POL/Medical

If you are willing for your name to be added to a list of volunteer Respiratory Care Practitioners who may be called upon in the event of a natural disaster, please check this box.

Answer “Yes” or “No” to each of the following six questions. If you answer “Yes” to any questions, you must attach a written explanation.

1. Since your last renewal, has any Order or other disciplinary action been rendered against you by any state medical board (other than SC Board) or have you been denied licensure/certification by any other medical board or licensing authority? Yes No
2. 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
3. Since you last renewed your license, has your ability to practice respiratory care been impaired by any physical, emotional or mental illness, whether temporary or permanent? Yes No
4. 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
5. Since your last renewal of your license, 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
6. Since your last renewal, have you been discharged involuntarily from employment? Yes No
7. 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

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.

PRACTICE ACTIVITY STATEMENT-RESPIRATORY CARE LATE RENEWAL

This form must be notarized

PRINTED FULL NAME OF LICENSEE _____

LICENSE NUMBER RCP # _____

1. I UNDERSTAND THIS IS A SWORN STATEMENT MADE UNDER OATH _____ [initial of licensee]
2. I HEREBY CERTIFY THAT I HAVE **NOT** PRACTICED RESPIRATORY CARE SINCE THE LAPSE OF MY SOUTH CAROLINA LICENSE ON MAY 31, 2017.

FOR LATE RENEWAL, YOU MUST ALSO PROVIDE ALL CME FOR THE RENEWAL PERIOD, PAY THE RENEWAL FEE OF \$75.00 AND LATE FEE OF \$75.00. [TOTAL \$150.00]

Signature of Licensee _____ DATE _____

Subscribed and sworn to before me this _____ day of _____, 2017

Notary Public Signature _____

My Commission Expires _____

SECTION 40-47-510. Definitions.

(3) "Respiratory care or respiratory therapy" means the allied health profession or specialty which provides educational, therapeutic, or diagnostic procedures utilized in the prevention, detection, and management of deficiencies or abnormalities, or both, of the cardiopulmonary systems.

(4) "Practice of respiratory care" may include, but is not limited to, the administration of pharmacologic, diagnostic, and therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a physician; transcription and implementation of written or verbal orders of a physician pertaining to the practice of respiratory care; observing and monitoring the signs and symptoms, general behavior, general physical response to respiratory care treatment and diagnostic testing including determination of whether such signs, symptoms, reactions, behavior, or general response exhibit abnormal characteristics and implementation, based on observed abnormalities or appropriate reporting, referral, respiratory care protocols or changes in treatment pursuant to the written or verbal orders of a person licensed to practice medicine under the laws of this State; or the initiation of emergency procedures under the regulations of the board or as otherwise permitted in this article. The practice of respiratory care may be performed in a clinic, hospital, skilled nursing facility, private dwelling, or other place considered appropriate or necessary by the board in accordance with the written or verbal order of a physician and must be performed under a qualified medical director.