



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

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www.llr.sc.gov/POL/Medical/



2017-2019 Acupuncturist Renewal Application

Name: _____ License #: _____

Renewal Instructions

- 1. Complete all questions and blank spaces on this renewal application.
2. Incomplete applications will be returned and attach additional sheets as necessary.
3. Mail completed application with a payment \$145.00 made payable to LLR-Board of Medical Examiners, P.O. Box 11289, Columbia, SC 29211-1289; Telephone number (803) 896-4500 and Fax number (803) 896-4515. Applications must be postmarked by the Post Office on or before September 30, 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.

Home Address Primary Place of Employment Mailing Address

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

Cell Phone (Confidential Info for DHEC Emergency Contact System): _____

Licensed as an: Select one [] Acupuncturist [] Auricular Therapist [] Auricular Detoxification Therapist

List all active and inactive other state licenses _____

National Certification (Select and attach a copy of your national certification certificate)

____ National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) Expiration date _____
____ National Acupuncture Detoxification Association Certificate (NADA)
____ Other national certification _____

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) and have remained in full compliance, you may answer "No" to those questions followed by an asterisk (*).

- 1. 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/certification by any licensing board related to acupuncture? [] Yes [] No
2. Since your last renewal, have any hospital privileges or other privileges of any kind been revoked, suspended, restricted, denied or voluntarily surrendered or relinquished? [] Yes [] No
3. Since your last renewal, has your ability to practice acupuncture been impaired by any physical, emotional or mental illness, whether temporary or permanent? ** [] Yes [] No
4. 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
5. 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? * [] Yes [] No
6. 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
7. Since your last renewal, has there been any change in the status of your lawful presence in the United States since initial licensure? [] Yes [] No
8. Since your last renewal, have you been discharged involuntarily from employment? [] Yes [] No

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.