South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Medical Examiners
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www.llronline.com/POL/Medical/

Supervising Physician Form

Limited License Applicant: ____________________________________________

Training Hospital: __________________________ Training Program: _________________

To the Department Chairman or Training Director:

The individual physician named above has applied for a Limited License for postgraduate training. As the Department Chairman or Training Director, you are this applicant’s supervising physician. As such, you have certain responsibilities to the Board. This document will summarize the current law and your legal responsibilities as the supervising physician.

1. A physician in a residency training program must possess a valid license before beginning to practice. It is a violation of state law if a physician practices in a training program before being issued a license.

2. This applicant has applied for a Limited License. Limited Licenses are valid only for the fiscal year (July 1 – June 30) or part thereof, and must be renewed. It is a violation of state law for a physician to practice on an expired Limited License.

3. If a resident engages in practice without a valid, active license, the Department Chairman, Training Director and any other supervising physicians are subject to discipline under the Medical Practice Act for assisting an unlicensed person to practice medicine. (Section 40-47-110 {B}{12})

4. There are several specific restrictions on a Limited License. A Limited License is restricted to practicing only within the residency training program. Moonlighting on a Limited License is strictly forbidden and a violation of state law. A Limited License is issued for a specific training program and is not transferable to another training program or department.

ATTESTATION:
• I acknowledge and understand my responsibilities as a supervisor of the individual applicant named above.

• I understand that any physician practicing medicine in a residency training program must possess an active, valid license in South Carolina. If a resident engages in unlicensed practice, I as a supervising physician am subject to discipline under the Medical Practice Act.

• I further agree that if the applicant is subject to adverse action within our residency training program as a result of unprofessional, unethical or illegal conduct, that I shall report such action in writing to the SC Department of Labor, Licensing and Regulation Board of Medical Examiners.

______________________________
Signature of Department Chairman or Training Director

______________________________
Print Name

______________________________
Title

______________________________
Date

______________________________
SC License Number

3-25-19

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