

**Compare Personal History Questions from South Carolina Board of Medical Examiners  
(BME) Initial Application with Compact Qualification Application**

<b>BME Initial Application for Permanent License</b> <i>See also Section 40-47-32</i>	<b>Compact Qualification Application for Expedited License</b> <i>See also proposed Section 40-47-320</i>
Has your medical license ever been revoked, suspended, reprimanded, restricted, disciplined or placed on probation by a medical licensing board or other entity? (VIII, Q1)	Have you ever held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal or foreign jurisdiction, excluding any action related to nonpayment of fees related to a license? (Q10)
Have you ever had an application to practice medicine denied or refused by another medical licensing board or other entity? (VIII, Q2)	
Have ever had any hospital privileges denied, revoked, suspended or restricted in any way? (VIII, Q3)	
Have you ever voluntarily surrendered a medical license, controlled substance registration or DEA registration? (VII, Q4)	
Have you ever resigned from any hospital, institution or health care facility in lieu of disciplinary action? (VIII, Q5)	
Are you currently under investigation or the subject of pending disciplinary action by any medical licensing board, health care facility or other entity? (VIII, Q6)	Are you under investigation by a licensing agency or law enforcement authority in any state, federal or foreign jurisdiction? (Q12)
Have you ever had a malpractice lawsuit, judgement filed against you or settled a malpractice claim? If yes, how many? (VIII, Q7)	
Are you currently being treated for any physical, mental or emotional condition that might interfere with your ability to competently and safely perform the essential functions of practice as a physician? (VIII, Q8)	
Do you currently have any mental illness (e.g. bipolar disorder, schizophrenia, paranoia or any other psychotic disorder) or any physical illness or condition that might interfere with your ability to competently and safely perform the essential functions of practice? (VIII, Q9)	

Within the past two (2) years, has your ability to practice medicine been impaired by any physical or mental illness or by the use of alcohol and/or drugs? (VIII, Q10)	
Have you ever discontinued the practice of medicine for any reason for three consecutive months or more? (VIII, Q11)	
Was your medical education/residency training interrupted other than for vacation periods or military service? (VIII, Q12)	
Has your ability to prescribe controlled substances ever been denied, revoked, suspended or limited by any hospital, health care facility or other entity? (VIII, Q13)	Have you ever had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration? (Q11)
Have you ever been convicted, pled guilty or pled nolo contendere to a felony of any kind or to a nonfelony crime involving drugs or moral turpitude? (VIII, Q14)	Have you ever been convicted, received adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction? (Q9)

<b>Supplemental Documents Required for Application</b>	
<b>BME</b>	<b>Compact</b>
Copy of your valid Driver's License, State Issued ID, Passport or Military ID	
Copy of your social security card	
A "2x2" professional photo (Passport Photo)	
Malpractice Claim Information Form, if applicable	
Copy of ABMS and/or AOA Certificate(s), if applicable	
Legal documentation for name change.	
Verification of Lawful Presence in the United States Affidavit of Eligibility. <i>See Section 8-29-10</i>	
	Physician's Core Data Sheet, completed by State of Principal Licensure
	Letter of Qualification, from State of Principal Licensure
Certifying Statement	Affidavit and Consent

<b>Primary Source Verification Submitted by Applicant as Part of Application Process</b>	
<b>BME</b> <i>See also</i> Section 40-47-32(K)	<b>Compact</b> <i>See also</i> proposed Section 40-47-320(B)(1)
Federation Credentials Verification Service (FCVS) – Primary Source Verification	
License Verification from each state medical board that you have currently or have ever been licensed in	
Criminal Background Check (CBC)– Board will forward instructions once application is received	The member board within the state selected as the state of principal license shall, in the course of verifying eligibility, perform a criminal background check of an applicant. <i>See</i> proposed Section 40-47-320(B)(2)
American Medical/Osteopathic Association Physician Profile (AMA or AMO)	

Please note, these charts do not compare each and every question or document required for the BME initial application with the Compact qualifications application.