South Carolina: the rules for aesthetic practice

What South Carolina's laws and boards say about who may do aesthetic treatments, who must supervise them, and who can own the practice.

Nurse practitioners: Restricted Practice

Nurse practitioners

Restricted (AANP). APRNs perform medical acts under a written practice agreement with a physician who is readily available in person or by telecommunications (no mileage rule). The agreement covers the practice and locations, consultation and backup, the conditions, treatments and drugs the APRN may handle, and when to refer; it is reviewed and signed yearly. It isn't filed or pre-approved: the Board can ask for it (72 hours to produce it), audits at random at least every 2 years, and must be told within 15 business days of a new setting or physician (S.C. Code §40-33-34). The Board of Medical Examiners reviews any physician supervising more than six NPs. NPs must also spend a portion of their time in an underserved or rural area or serving an underserved population (§40-33-34(C)); the law sets no amount, and its definition of underserved is broad (it includes Medicare and Medicaid patients, women, children, veterans and the uninsured, §40-33-20(62)).

Prescribing

Schedule II non-narcotics up to 30 days if listed in the agreement; Schedule II narcotics up to 5 days, with no further prescription without the physician's written agreement (hospice, palliative and long-term care up to 30 days). Prescriptive authority takes 45 hours of pharmacotherapeutics (20 if already prescribing in another state) and renews every 2 years with 20 hours.

Nurses (Advisory Opinion #39, revised Nov 2023)

After a physician or APRN does the initial assessment, RNs may do laser hair and spider-vein removal (supervising physician on site, able to respond within 5 minutes), sclerotherapy, and dermal fillers (supervising physician or APRN on site within 5 minutes, sterile clinical setting with resuscitation capability), each with documented training, supervised practice, written policies and ongoing competency. RNs and LPNs may do superficial peels and microdermabrasion (TCA under 20%). The opinion doesn't address IPL, microneedling or unlicensed staff.

Botox and other neuromodulators

Under the Medical, Dental and Nursing boards' 2017 joint opinion, a bona fide practitioner-patient relationship, a medical record and informed consent come first. RNs inject only with a physician or APRN supervising on site; APRNs work under a written protocol with a supervising physician or dentist. Injectors need documented training (pharmacology, technique, storage and reconstitution, resuscitation), in a clinical setting with sterile technique, resuscitation capability and written policies.

Who can own the practice

The Board of Medical Examiners' corporate practice opinion (2022, first approved 2017) says a physician's business arrangement isn't its direct concern if the physician controls their clinical judgment at all times, no one but a licensed physician directs or interferes with their practice, and other law allows the arrangement. Professional corporations need licensed owners (S.C. Code §33-19-200). Confirm the entity type with a South Carolina healthcare attorney.

The biggest risk in South Carolina. RNs doing fillers or laser work without the supervising provider on site, or without a physician or APRN assessment first.

Check it with your boards: South Carolina Board of Nursing - llr.sc.gov/nurse and South Carolina Board of Medical Examiners - llr.sc.gov/med. Checked November 3, 2026. Rules change, so read the current rule on the board's own site before you act.

Ask S.A.G.E. next. S.A.G.E., our AI practice advisor, answers from this same South Carolina reference, free in your TMAA account, which you can set up at go.medicalaestheticsassociation.com/start-here. Try:

1. I'm an RN in South Carolina. What has to be in place before I offer injectables?
2. What must my medical director agreement cover in South Carolina?
3. What can an esthetician do in South Carolina, and what needs an order?

S.A.G.E. is not legal advice. For a binding answer, talk to a healthcare attorney in your state.