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Website Verification**

CHARLESTON WOMEN'S MEDICAL CENTER
1312 ASHLEY RIVER ROAD
CHARLESTON, SC 29407

Name: STEVEN JOSEPH RALSTON **Profession:** [MD](#) **Office Phone:** 8435715161

Basis: **School:** [CPS](#) **Graduation:** 05/01/1990

License No: LL34488 **Date Issued:** 06/18/2012 **Expiration:** 06/30/2012

Specialty: [OBG](#)

Rx#:

Rx Issue Date:

Primary Source Verification of Graduation Certified

Hospital Affiliation (s): None

Credential Status: Lapsed

No disciplinary action taken by the Board. This certifies that the above licensee was in good standing at the time of expiration of the license.

Board Public Action History:[View Orders](#)[View Other License for this Person](#)[No Orders Found](#)**License History:**

Limited License Number: 34488

Limited License Issue Date: 06/18/2012

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