

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. 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 the application 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.

AFFIDAVIT OF APPLICANT

STATE OF _____

DATE _____

COUNTY OF _____

I, the undersigned, being duly sworn, on oath affirm that I am the applicant named in the foregoing application; that I fully realize that the determination as to whether I am admitted to practice dentistry at or on behalf of the Medical University of South Carolina College of Dental Medicine may depend largely on the truth, falsity or completeness of my answers hereinabove set forth; that I will give any further information which may be required concerning my past record but that, to my knowledge, the answers which I have given to the questions hereinabove are true and complete; that I hereby authorize the South Carolina Board of Dentistry, or any agent or authorized representative of, to make a complete investigation of my character and fitness to practice as a Restricted Dental Instructor in South Carolina and of the completeness and truthfulness of my answers hereinabove made, and I hereby release and exonerate any person so authorized, and any person or organization supplying requested information, from liability of any kind resulting from the investigation or furnishing of the information.

SIGNATURE OF APPLICANT

SWORN to and subscribed before me

this _____ day of _____

Seal affixed here, if needed

NOTARY PUBLIC for _____

My Commission Expires: _____

08/29/14

<p><u>PHOTOGRAPH</u></p> <p>Attach a passport type photograph taken within the last six months.</p>

AFFIDAVIT OF ELIGIBILITY

Pursuant to section 8-29-10 of the South Carolina Code of Laws (1976 as amended), the Department of Labor, Licensing and Regulation must verify the lawful U.S. presence of any person who applies for a South Carolina license. Please complete and sign this Affidavit of Eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

I, (please print your full name) _____, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1. ___ I am a United States citizen or legal permanent resident eighteen years of age or older; or
2. ___ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
 - a. ___ I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
 - b. ___ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.
3. ___ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
 - a. ___ I am a US citizen, not physically present or employed in the United States.
 - b. ___ I am a Foreign National, not physically present or employed in the United States.

If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.

Section B: Secure and Verifiable Document. This section must be completed if you checked number 1 or 2 in Section A.

1. Please check the acceptable secure and verifiable document(s) you hold. A copy of the verifiable document(s) must be attached to the Affidavit of Eligibility.

- A valid South Carolina Driver's License, South Carolina Driver's Permit or South Carolina Identification Card. Number _____; Date of Expiration: _____
- A valid out-of-state issued photo Driver's License or photo identification card, photo driver's permit. State: _____; Number _____; Date of Expiration: _____.
- Permanent Resident Card; Alien Number _____; Card Number _____; Date of Expiration: _____.
- Employment Authorization Card; Alien Number _____; Card Number _____; Date of Expiration: _____
- Certificate of Naturalization with intact photo.

Certificate of (US) Citizenship with intact photo.

Other: (Name of verifiable document)

2. Enter the state or the federal agency name where the secure and verifiable document(s) was issued.

(If issued by a state agency, include both the state and agency name.)

3. Please provide your social security number: _____/_____/_____
(Include a copy of the card with the Affidavit)

Section C: Attestation.

- I understand that this sworn statement is required by law because I have applied for or seek reinstatement of a professional or commercial license as provided for in 8 U.S.C. §1621. I understand that state law requires me to provide proof that I am lawfully present in the United States.
- I understand that in accordance with section 8-29-10 of the South Code, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a felony.
- I am the person identified above, and the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.

Signature

Date

Please print your name as shown on your secure and verifiable document.

Professional License Type: _____

License Number (if already licensed): _____