



REQUIREMENTS AND INSTRUCTIONS FOR DENTAL LICENSURE BY EXAMINATION

The licensure process may take from 6-8 weeks. Applications are processed in the order they are received.

Before calling in to the Board Office - You may check your application status online at:
www.llr.state.sc.us/pol/dentistry and select Application Status.

Basis for Licensure:

1. You must have graduated from a dental program accredited by the American Dental Association (ADA).
2. You must have passed the National Board Examination.
3. **Clinical Examination:** You must have successfully completed a Board-approved clinical licensure examination within the past five (5) years. The Board accepts results of CRDTS and ADEX-SRTA/NERB (CDCA) / CITA (eff. 9/25/2013).
4. Applicants that have disciplinary action or malpractice case(s), pending or closed, will be considered for licensure on a case-by-case basis after receipt of all required materials. For each case, the applicant should submit:
 - a. A copy of the formal complaint pleading(s);
 - b. A copy of the final action, disposition or settlement;
 - c. A personal explanation of the disciplinary action or malpractice claim; and
 - d. Any further information requested by the Board in separate communications.
5. You must agree to appear for a personal interview if requested by the Board.
6. You must have a good moral character.
7. You must successfully pass the SC Jurisprudence Examination.

Application Process:

1. **Application** - Complete your application and send in with the following:

Note: Application is maintained for one year, after that period you will need to reapply.

 - \$300 application fee remitted with your online application. A returned check fee of up to \$30, or an amount specified by law, **may** be assessed on all returned funds.
 - Notarized Verification of Lawful Presence
 - Copy of your valid Driver's License, State Issued ID or Passport
 - A 2"x2" Passport Style photo that has been taken within the last 6 months
 - Legal documents supporting any name change; including marriage or divorce.
 - Copy of Social Security Card
 - 3 Letters of Reference
 - National Practitioner Data Bank Report
2. **Education Verification:** Contact your Dental School Registrar's Office and have an official transcript, with the seal and Registrar's signature, mailed directly to our office.

3. **License Verifications:** Contact each state board you are currently or have previously been licensed with and have the license verification mailed directly to the Board office at the above address. We do accept State Issued License Verification forms.
4. **National Board Scores:** You must request your **National Board Scores** from the ADA to be mailed directly to the Board office. https://dts.ada.org/login/login_ADA.aspx
5. **Clinical Examination:** SRTA and CRDTS examination results are received in the Board office directly by email. Contact NERB (CDCA) and CITA to have examination results mailed directly to the Board office.
6. **National Practitioner Data Bank:** If you have been out of school one year or longer, or have ever been licensed in another state, you must request a report (self-query) from the National Practitioner Data Bank. Contact the NPDB at: www.npdb-hipdb.com or 1-800-767-6732. You may submit this report with your application.
7. **Personal History (Competency) Questions:** You will need to attach a written explanation for any “Yes” answers in the Personal History Information section on a separate sheet of paper. Additional information may be requested by the Board Office or a Board appearance may be necessary. You must be of good moral character.
8. **Letters of Recommendation (Regulation: 39-2 B. 1.):** Have three (3) original letters of recommendation mailed in by licensed dentists. The Board now allows you to submit these with your application.
Criteria of letters:
 - Dentist must identify the individuals (you) as a new graduate or licensed dentist.
 - Must be on the signatory’s letterhead and bear the original signature of the author.
 - **Must attest to your good moral character.**
 - Indicate how long they have known you and in what capacity.
 - Outline characteristics they believe qualify you for licensure in SC.
9. **Jurisprudence Examination:** Once our office receives your application and fee, you will be e-mailed instructions with a UserId and Password to take the exam online in 6-8 weeks. A score of 70 or higher is considered a passing score. Do not send in your certificate of passing, the Board is automatically notified.

To prepare for the Jurisprudence exam, you should review the Dental Laws and Regulations located on the website under Laws/Policies. (See below link)

<http://lir.sc.gov/POL/Dentistry/index.asp?file=laws.htm>



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Dentistry

P.O. Box 11329 • Columbia, SC 29211

Phone: 803-896-4599

www.llr.state.sc.us/POL/Dietetics/dentistry



NOTARIZED AFFIDAVIT (SIGNATURE)

Intent to practice in South Carolina: Please write a brief statement of the reason you wish to practice in SC. _____

I, _____, of _____,
(Applicant's Name) *(City)* *(State)*

being duly sworn and identified, of good moral character, and as the person referred to in this application and signed photo, attest to the truth of each statement made in said Application. I further swear that I have read and understand the law and the Rules and Regulations, which regulate the dental professions, and agree to abide by them in the practice dentistry in the State of South Carolina.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to render competent dental care including, but not limited to, requiring substance abuse testing or proof that no physical or psychological impairment exists that would adversely affect my ability to practice dentistry with reasonable skill and safety.

AUTHORIZE the Board, its staff, and their representatives to conduct a criminal background investigation, consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

RELEASE from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and other qualifications for certification.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, other qualifications, and for resolving any doubts about such qualifications.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Applicant's Signature: _____ Date: _____

Sworn to and subscribed me this _____ day of _____, 20____.

Notary Signature: _____

Print Name: _____

Notary Public for the State of: _____

Commission Expiration Date: _____



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PASSPORT SIZE PHOTO FORM

I, _____, am the person shown in the attached photograph
(Print name)
and I certify it has been taken within the last six (6) months,

(Signature)

(Date)

Tape Passport Style
Photo Here
2 x 2
Copies will not be
accepted

You can submit this page by either attaching it to the online application under “Uploads” section or by mailing directly to our office at the above address.



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or

2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest 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 of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)