

South Carolina Department of Labor, Licensing and Regulation

Board of Dentistry

110 Centerview Drive

P.O. Box 11329

Columbia, South Carolina 29211-1329

(803) 896-4599; fax (803) 896-4719

www.llr.state.sc.us

VERIFICATION OF LICENSURE

APPLICANT: Complete the top portion of this form and forward a copy to each state board where you hold or have ever held a license to practice dentistry / dental hygiene or any health care profession. This form may be duplicated as necessary. Note: You may want to check with each state board to see if a fee is required.

In applying for a license to practice dentistry / dental hygiene in the State of South Carolina, the Board of Dentistry requires this form to be completed by each state wherein I hold or have ever held a license. You are hereby authorized to release any information in your files, favorable or otherwise, directly to:

**SC Dept. of Labor, Licensing and Regulation
Board of Dentistry
P.O. Box 11329
Columbia, SC 29211-1329**

Name _____

Address _____

City _____ State _____ Zip _____

_____/_____
Signature of Applicant / Date

Do not detach

TO BE COMPLETED BY ADMINISTRATIVE OFFICE OF STATE LICENSURE BOARD:

Full Name of Licensee: _____

License Number: _____ Profession: _____

Date Issued: _____ Expiration Date: _____

Basis of Issuance: Endorsement / Reciprocity State Examination
 Regional Testing Agency Credentials
 Other _____

Is license current? Yes No

Has license ever been suspended, revoked, restricted, or disciplined? Yes No
If yes, please attach supporting documentation.

Authorized Signature

Title

Date

State Seal

State