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 ______________________________________________
Board of Dentistry  
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  State Seal

________________________________________
Date  State

Rev. 08/14