

**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](http://www.llr.state.sc.us)

**WAIVER OF FEES REQUEST FORM**

**APPLICANTS FOR DENTAL LICENSURE BY CREDENTIALS:** *This form must be completed, signed, notarized and returned with your application for dental licensure by credentials if you wish to request a waiver of \$1500.00 of the \$2000.00 application fee.*

I, \_\_\_\_\_, hereby request that the Board  
(print name)  
waive \$1500.00 of my application fee for licensure by credentials. I understand and agree that, if granted a waiver, **I must practice exclusively in a \*rural county of South Carolina for not less than two (2) consecutive years.**

If granted a waiver, I intend to practice exclusively in the rural county of \_\_\_\_\_ for not less than two (2) years.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Affirmed to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Notary Public** for \_\_\_\_\_

My commission expires on \_\_\_\_\_, 20\_\_\_\_\_.

**\*Rural Counties in SC as Designated by the Board**

Abbeville, Allendale, Bamberg, Barnwell, Calhoun, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Edgefield, Fairfield, Georgetown, Greenwood, Hampton, Jasper, Kershaw, Lancaster, Laurens, Lee, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Saluda, Union, Williamsburg.