

## South Carolina Department of Labor, Licensing and Regulation South Carolina Board of Dentistry

110 Centerview Dr • Columbia, SC 29210 P.O. Box 11329 • Columbia, SC 29211-1329 Phone: 803-896-4599 • Contact.dentistry@llr.sc.gov • Fax: 803-896-4719 llr.sc.gov/bod

## FACILITY REGISTRATION FORM

Per S.C. Regulation 39-17(I)(5), a dentist permitted for sedation must update the Board within thirty (30) days of any change in location at which they will practice permitted sedation. Each facility where permitted sedation occurs must be equipped as required by S.C. Code of Law §40-15-410. An initial inspection will be required for any facilities having not been previously inspected for sedation.

Type of sedation bei	ng administered: (che	eck one)	
□ Moderate Parenter	ral Sedation Only	□ Moderate Enteral Sedation Only	
□ Moderate - both P	arenteral and Enteral S	Sedation Deep Sedation/General Anesthesia	
Patients being treate	ed: (check one)		
$\Box$ children only $\Box$ adults only $\Box$ BOTH adults and children			
Licensee Name:			
License No.:		DEA No.:	
PRACTICE LOCAT	FION(S): Attach addit	ional sheets if needed	
Practice Name:		FEIN:	
Physical Office Addre	ess:		
		Phone:	

STAFF NAME	PROFESSIONAL CREDENTIALS	EXPIRATION DATE OF CPR-BLS CERTIFICATION

If applicable:

Licensed Physician/CRNA/Anesthesiologist Name or Company:

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Location	
Practice Name:	FEIN:
Physical Office Address:	

County: \_\_\_\_\_ Phone: \_\_\_\_\_

STAFF NAME	PROFESSIONAL CREDENTIALS	EXPIRATION DATE OF CPR-BLS CERTIFICATION

If applicable:

Licensed Physician/CRNA/Anesthesiologist Name or Co	mpany:
Phone:	Email:

Additional Location

Practice Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

Physical Office Address:

County: \_\_\_\_\_ Phone: \_\_\_\_\_

STAFF NAME	PROFESSIONAL CREDENTIALS	EXPIRATION DATE OF CPR-BLS CERTIFICATION

If applicable:

Licensed Physician/CRNA/Anesthesiologist Name or Company:

I am aware that the dental office and sedation equipment used to provide the indicated level of sedation must meet specific requirements as outlined in South Carolina Code § 40-15-410 and pass inspection prior to being granted a sedation permit. I am aware that the medications I administer with this type of sedation must be unexpired and must be logged on a drug sheet that is retained in the dental facility.

Signature of Applicant

Date

Print Name

## PRIVACY DISCLOSURE

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.