



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

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www.llronline.com/POL/Dentistry/



2017-2019 Application for Dentist/Dental Specialist/Dental Instructor License Renewal

License Type: General Dentist Dental Specialist Dental Instructor

Name: License Number:

Specialty Certificate#(s):

Form with sections for Mailing Address, Primary Location of Practice, Home Address, and contact information (County, Phone, Fax, Email, Hrs/Wk, Cell Phone).

Failure to re-register by February 28, 2017 will result in the expiration of your license. (Make check payable to: S.C. Board of Dentistry)

Table with 4 columns: Fee Schedule, On or before Dec. 31, 2016, Jan. 1- Jan. 31, 2017, Feb. 1 - Feb. 28, 2017. Rows include General Dentist, Instructor General Dentist License Renewal, etc.

Please check here if you do not wish to renew your license.

Activity Status (check one only):

- 01 Currently practicing Dentistry in SC, 02 Temporarily not practicing Dentistry in SC, 08 Retired, 18 Out-of-State

Type of Dentistry Practice (check one only): *requires examination and specialty license as recognized by the ADA.

- Admin Dentistry, Oral Radiology*, General Dentistry, Institutional Dentistry, Endodontics*, Oral Pathology*, Orthodontics & Dental Orthopedics*, Periodontics*, Pediatric Dentistry*, Oral & Maxillofacial Surgery*, Dental Public Health*, Prosthodontics*, Dental Health Program

Primary Practice Setting (where patients are seen initially) (check one only):

- 15 Dental Office, Solo or Group, 31 Univ./College of Dentistry, 13 Freestanding Clinic, 34 School/Treatment Ctr. Handicapped, 11 Nonfederal Hospital, 12 Other Institution, 44 Admin./Reg. Health Agency, 20 Rural or Com. Hlth Ctr, 71 Other (specify), 23 Hospital Non Federal Psychiatric, 24 Hospital Non Federal Rehab

Form of Practice (source of income) (check one only):

- 11 Self, Solo, 13 Self, Group Same Specialty, 23 Employed by Practitioner Group, 21 Employed by Individual Practitioner, 25 Other Private Employer, 33 State Government, 34 Federal, Civilian (incl. USPHS), 35 Federal Military, 43 Residency Training, 42 Other (specify)

Hours Per Week Spent in Practice in SC (Make changes in blocks below)

Table with 7 columns: Total Hours, Patient Care, Administration, Teaching, Research, Training, Other Hours

Secondary Locations of Practice in SC

Form for Secondary Locations of Practice in SC, including Location Name, Street, City, Zip Code, County, Setting, Hrs./Wk., and Phone.

IF YOU ANSWER "YES" TO QUESTIONS 1 -12, PROVIDE A DETAILED WRITTEN EXPLANATION ALONG WITH A COPY OF THE ORDER OR OTHER RELEVANT DOCUMENTATION(S).

1. Since you last renewed your license, have you been convicted, pled guilty, or pled nolo contendere (no contest) for the violation of any federal, state or local law or do you have charges pending (other than a minor traffic violation)? Yes No
2. Since you last renewed your license, have you had any formal complaint, disciplinary action or consent order filed against you by any person, employer, or licensing board in any jurisdiction? Yes No
3. Since you last renewed your license, have you developed or been treated for any disease or condition, physical, mental, or emotional (including alcohol or other substance abuse) that may render further practice dangerous to the public? Yes No
4. Since you last renewed your license, have you received disciplinary action by any employer for your job performance involving patient care or safety? Yes No
5. Since you last renewed your license, have you had an application for a professional license, examination, certification or registration denied or refused by any licensing board or other entity or have you ever surrendered a professional license? Yes No
6. Since you last renewed your license, have you had a malpractice claim, lawsuit, judgment or settlement filed against you? Yes No
7. Since you last renewed your license, has your ability to prescribe controlled substances ever been surrendered, revoked, suspended, limited or restricted? Yes No
8. Since you last renewed your license, have you been addicted to or used in excess any drug or chemical substance, including alcohol, or been treated for a drug or alcohol addiction or participated in a rehabilitation program? Yes No
9. Since you last renewed your license, have you ever had any hospital privileges denied, revoked, suspended or restricted in any way? Yes No
10. Since you last renewed your license, have you resigned from any hospital, institution or health care facility in lieu of disciplinary action? Yes No
11. Has there been any change in the status of your lawful presence in the United States since your initial licensure? Yes No
12. Is your only dental employment in SC at a volunteer clinic? Yes No
13. **Continuing Education:** I have obtained **28 hours** of approved continuing dental education in the past two consecutive calendar years prior to this renewal as required by law or 14 hours of dental hygienic education. Yes No*
 - * I am / may be exempt for this renewal period for the following reason (check one):
 - I am a student in an ADA Dental program.
 - I received my initial license between **10/1/2014** and **8/3/2016**.
 - I have received a waiver from the Board due to retirement.
14. **CPR:** I have received certification in CPR for one or two-person rescuer for adults and infants within the past three years as required by law. Yes No*
 - * I am / may be exempt for this renewal period for the following reason (check one):
 - I have received a waiver from the Board office due to physical limitation.
15. **Anesthesia:** (Dentist Only) Please check any of the following that are administered in your SC dental office on an out-patient basis:

Deep Sedation/General Anesthesia	Nitrous Oxide Inhalation Conscious Sedation	Moderate Parenteral Sedation		Oral Sedation
Moderate Enteral Sedation	Moderate Parenteral and Enteral Sedation	Sedation to Children 13 and under		
16. **Botox/Dermal Fillers:** Please check any of the following that are administered in your SC dental office on an out-patient basis:

Botox	Dermal Fillers	
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 N/A
17. **Controlled Substances:**
 - List your SC Controlled Substances Registration #: _____ N/A
 - List your Federal Drug Enforcement Registration #: _____ N/A
18. **Oral Surgeons only:** Do you perform any of the following cosmetic procedures? Yes No
 - 1) Rhinoplasty; 2) Blepharoplasty; 3) Rytidectomy; 4) Submental liposuction; 5) Laser resurfacing;
 - 6) Browlift, either open or endoscopic technique; 7) Platysmal muscle application; 8) Otoplasty.
19. Are you an owner of a mobile dental facility? Yes No
20. Are you an owner of a portable dental operation? Yes No
21. If you expect to be in military service in January, list branch: _____
22. If you plan to be in post-graduate training in January, specify type. _____
23. Please check this box if you are willing for your name to be added to a list of volunteer dentists who may be called upon in the event of natural disaster (i.e. hurricane).
24. Please check this box if your name has changed, and provide the Board office with a copy of the legal document.
25. I have carefully read all questions on this renewal application and have answered truthfully, accurately and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license and rejection of this application or delay in processing.

A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.

Signature _____

Date _____

DISCLAIMER

"South Carolina Law requires the agency collect personal information which is only disseminated as required by law. 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 your renewal application and other documents on file, 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. In order to better protect the information you provide, please provide the Department with the following information that may be released to the public upon request: a public mailing address, a public email address and a public telephone number."