

IF YOU ANSWER “YES” TO QUESTIONS 1 -8, PROVIDE A DETAILED WRITTEN EXPLANATION ALONG WITH A COPY OF THE ORDER OR OTHER RELEVANT DOCUMENTATION(S).

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| 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, 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 |
| 8. Has there been any change in the status of your lawful presence in the United States since your initial licensure? | Yes | No |
| 9. Continuing Education: As required by law, I have obtained eight (8) hours of approved continuing dental education in the past two consecutive calendar years prior to this renewal. | 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 certification between **10/1/2014** and **8/3/2016**.

I received a waiver from the Board due to retirement.

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

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 certificate and rejection of this application or a delay in processing.

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.