



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

2020-2022 APPLICATION FOR DENTIST LICENSE RENEWAL

Renewal Instructions/Requirements:

- Check or money order only in the amount of the renewal fee made payable to LLR-Board of Dentistry. (All fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)
Registration is due by December 31, 2020. License reregistration not submitted or postmarked by December 31, 2020 is subject to a doubling of the renewal fee. Reregistration, submitted or postmarked after January 31, 2021, will be subject to an additional \$5 per day late renewal penalty. License and/or permits are lapsed as of March 1, 2021.
No renewals will be accepted after March 1, 2021.
If you have had a legal name change since your initial licensure or since your last renewal, please attach the legal documentation with this renewal form (Marriage Certificate, divorce decree, court documentation).

Fees:

- If a dental licensee also holds an active Sedation Permit, the \$200 Sedation Permit Renewal Fee will be added on top of the renewal fee and any applicable late fee(s) (S.C. Regulations 39-17(I)).
Renewal fee(s) are as follows:

Table with 4 columns: Licensure Type, Renewal Fee, Renewal + Late Fee (January 1 - 31, 2021), and Renewal, Late Fee and Daily Penalty (February 1 - 28, 2021). Rows include General Dentist, Dental Specialty (1/2 specialties), Dental Instructor, Dental Specialty Instructor (1/2 specialties), and Volunteer General Dentist or Volunteer Dental Specialist.

Note for SC Residents: To find your Congressional District you may go to: http://www.scstatehouse.gov/legislatorssearch.php

LICENSEE INFORMATION

Name: _____ License No.: _____

Since you were licensed, have you legally changed your name? [] Yes [] No Prior Name: _____

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce degree, etc.)

License Type: [] General Dentist [] Dental Specialty [] Dental Instructor [] Dental Specialty Instructor [] Volunteer Dentist [] Volunteer Dental Specialist

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different than above)

Home Phone: _____ Cell Phone: _____

Email: _____ SC Residents Only: Home Congressional District #: _____

SC DEA No.: _____ Federal Drug Registration No.: _____

PRACTICE INFORMATION

Activity Status (check one):

- Active Practice, in SC
- Active Practice, Volunteer work only
- Not Currently Practicing, Seeking Licensed Practice
- Not Currently Practicing, Not Seeking Licensed Practice
- Active Practice, Out-of-State: _____
- Not Currently Practicing, Disabled
- Retired
- Other

Type of Practice (check one):

- General Dentistry
- Oral Pathology
- Periodontics
- Dental Anesthesiology
- Orthodontics and Dentofacial Orthopedics
- Prosthodontics
- Endodontics
- Dental Public Health
- Oral & Maxillofacial Surgery
- Pediatric Dentistry
- Institutional/Admin Dentistry

Are you permitted for sedation? Yes No

If yes, please indicate level of sedation permitted for:

- Deep Sedation/General Anesthesia
- Moderate Parenteral Sedation
- Moderate Enteral Sedation
- Moderate Parenteral and Enteral Sedation

Please indicate any of the following that are administered in your SC dental office on an out-patient basis.

(Select all that apply): Botox Dermal Fillers Other Neuromodulators

Do you provide dental services to special healthcare needs (mentally and/or physically challenged) patients? Yes No

If Yes, please add/update your info at www.sandsc.org.

Estimated Average Hours spent per Week on the following Practice Activities (All Locations):

Patient Care	Administration	Teaching	Research	Training	Other	Total Hours

Regarding your decision to practice In-State vs Out-of-state, please rank each factor below on its level of influence. (For Statistical purposes only)

1 = Not at all influential ↔ 3 = Influential ↔ 5 = Extremely influential

- Climate: 1 2 3 4 5
- Dental Schooling: 1 2 3 4 5
- Wages/Pay scale: 1 2 3 4 5
- Cost of Living: 1 2 3 4 5
- Family: 1 2 3 4 5
- Other: _____ 1 2 3 4 5

How much longer do you anticipate practicing dentistry? (For Statistical purposes only)

- Less than 3 years
- 3 to less than 6 years
- 6 to less than 11 years
- 11 to less than 16 years
- 16+ years

Primary Practice

Name of Practice: _____ Phone: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

County: _____ Estimated Hrs. Per Week: _____

Do YOU offer sedation at this location? Yes No

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

- Academic Setting Dental Office Federal Clinic (FOHC, VA, MIL, NIH, IHS)
- Hospital Mobile Unit Nursing Home/Other Inst.
- Policy/Planning/Reg./Licensing/Advocacy Portable Unit Rural Health Center
- School/College Treatment Center Other: _____

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

- Self Employed, Solo Self Employed, Group Practice Partnership Practice
- Employed, Indiv. Practitioner Employed, Practice Group Employed, Corporate Entity
- Non-Profit Health Agency Federal Government State Government
- Other: _____

Secondary Practice

Name of Practice: _____ Phone: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

County: _____ Estimated Hrs. Per Week: _____

Do YOU offer sedation at this location? Yes No

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

- Academic Setting Dental Office (Solo or Group) Federal Clinic (FOHC, VA, MIL, NIH, IHS)
- Hospital Mobile Unit Nursing Home/Other Inst.
- Policy/Planning/Reg/Lic Agency Portable Unit Rural Health Center
- School/College Treatment Center Other: _____

Tertiary Practice

Name of Practice: _____ Phone: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

County: _____ Estimated Hrs. Per Week: _____

Do YOU offer sedation at this location? Yes No

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

- Academic Setting Dental Office (Solo or Group) Federal Clinic (FOHC, VA, MIL, NIH, IHS)
- Hospital Mobile Unit Nursing Home/Other Inst.
- Policy/Planning/Reg/Lic Agency Portable Unit Rural Health Center
- School/College Treatment Center Other: _____

CONTINUING EDUCATION (CE)

Do not submit any CE documentation to the Board's office. SC Dental Board licensees are to utilize the CE Broker system, www.cebroker.com, for reporting and maintaining all CEs required for SC licensure. The Board will conduct a random audit after the close of the renewal period.

Have you met the CE requirements for the current CE cycle, January 1, 2019 to December 31, 2020?

Yes No

If No, please check one of the following:

- I am not exempt and have not completed the CE requirements
- I am exempt: Current student in an ADA Dental Program
- I am exempt: Received initial SC licensure between 10/01/2018 and 08/03/2020
- I am exempt: Received a waiver from the Board due to retirement

PERSONAL AND PRACTICE HISTORY QUESTIONS

Answer the following questions. A detailed letter of explanation or updated documentation is required for "Yes" answers.

1. Since your initial application or since your last renewal of your license with the Board, 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 your initial application or since your last renewal of your license with the Board, 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 your initial application or since your last renewal of your license with the Board, have you developed or been treated for any disease or condition, physical, mental, or emotional that may render further practice dangerous to the public? Yes No
4. Since your initial application or since your last renewal of your license with the Board, have you received disciplinary action by any employer for your job performance involving patient care or safety? Yes No
5. Since your initial application or since your last renewal of your license with the Board, 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 your initial application or since your last renewal of your license with the Board, have you had a malpractice claim, lawsuit, judgment or settlement filed against you? Yes No
7. Since your initial application or since your last renewal of your license with the Board, has your ability to prescribe controlled substances ever been surrendered, revoked, suspended, limited or restricted? Yes No
8. Since your initial application or since your last renewal of your license with the Board, 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 your initial application or since your last renewal of your license with the Board, have you ever had any hospital privileges denied, revoked, suspended or restricted in any way? Yes No
10. Since your initial application or since your last renewal of your license with the Board, have you resigned from any hospital, institution or health care facility in lieu of disciplinary action? Yes No

11. Since your initial application or since your last renewal of your license with the Board, has there been any change in the status of your lawful presence in the United States since your initial licensure Yes No
12. Since your initial application or since your last renewal of your license with the Board, have you failed to maintain CPR certification as required by S.C Regulations 39-5? (Those with Board approved waivers due to physical limitations may answer 'No') Yes No

ADDITIONAL PRACTICE QUESTIONS

These questions do not require a written explanation for 'Yes' answers.

1. Since your initial application or since your last renewal of your license with the Board, has your only dental employment in SC been at a volunteer clinic? Yes No
2. **For Oral Surgeons ONLY:** Since your initial application or since your last renewal of your license with the Board, have you performed any of the following cosmetic procedures: rhinoplasty, blepharoplasty, rhytidectomy, submental liposuction, laser resurfacing, browlift (open or endoscopic technique), platysmal muscle application or otoplasty? Yes No
3. 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 a public health emergency situation, please check this box: Yes No

ATTESTATION

I HEREBY swear/affirm I have 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 licensure.

Signature: _____ Date: _____

PRIVACY NOTICE

South Carolina law requires the agency to 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 purposes.