

SOUTH CAROLINA BOARD OF DENTISTRY
Continuing Education / CPR
Request for Waiver or Extension

Name: _____ Date: _____

Profession: _____ SC License No. _____ Year Licensed _____ Last Yr. Practiced _____
[DE/DH/DT]

Mailing Address: _____

Activity Status: ___ Currently Practicing Profession ___ Temporarily Not Practicing Profession ___ Retired

I hereby apply for:

- Waiver:** CE/CPR waiver may be granted to a licensee who is **fully retired** from active practice or who is temporarily or permanently disabled and unable to practice. A licensee granted a waiver may not practice at all, not even on a "fill-in" basis. Applicant for waiver must sign the "Agreement" on the reverse side of this form affirming that if waiver is granted, he/she will not resume active practice without first fulfilling all CE and other requirements owed during the period of retirement.

- CPR Waiver:** CPR waiver may be granted to a licensee who is unable to administer CPR or become CPR certified due to physical handicap or limitation. Applicant for CPR waiver must 1) attach a statement from a licensed physician of physical disability, and 2) maintain presence of an individual certified in CPR at all times when patient care is rendered in the dental office.

- Extension:** An extension may be granted provided a licensee demonstrates extraordinary hardship or extenuating circumstances, disability or illness. If request is based on illness or disability, attach a statement from your physician. If an extension is granted, licensee must submit satisfactory proof of compliance prior to the next renewal period in order to be eligible to renew license.

Signature of Licensee **Date**

Explain in detail reason(s) for requesting a waiver or extension of continuing education and/or CPR requirements. Be sure to attach any required documents or sign the Agreement on the back of this form.

Complete this form and submit it to the Board office on or before MARCH 1. The CE Review Committee will review your request and, in its discretion, determine if you qualify for a waiver or extension under Regulation 39-5.F.(7).

AGREEMENT

WHEREAS, Licensee is retired from the active practice of dentistry in this State and has applied for waiver of continuing education and CPR requirements in accordance with Regulation 39-5. Licensee advises of a willingness to refrain from the active practice of dentistry until such time, if ever, as Licensee may be authorized by the Board to resume active practice; and

WHEREAS, the Board believes that it is in the public interest to grant Licensee's application for waiver upon certain terms and conditions provided below.

THEREFORE, IT IS UNDERSTOOD AND AGREED THAT:

1. Licensee's application for waiver of continuing education and CPR requirements is hereby granted, provided that Licensee faithfully complies with all other requirements for active licensure and with the following terms and conditions:
 - (a) Licensee shall not engage in the active practice of dentistry under any circumstances. Failure to comply with this provision will be deemed a violation of this Agreement and shall result in the automatic temporary suspension of Licensee's license to practice dentistry, which shall continue in effect until further order of the Board.
 - (b) At such time, if ever, as Licensee may wish to resume the active practice of dentistry, Licensee shall request authorization from the Board and provide documentation satisfactory to the Board of compliance with all continuing education and other requirements owed during retirement since the date of this Agreement.
 - (c) Applicant shall appear and report to the Board as requested by the Board.
2. It is understood and agreed that by executing this Agreement, Applicant specifically consents to execute and to deliver to the Board, within ten (10) days of request, an authorization for the release to the Board of any and all records, reports, or other information concerning Applicant by any and all persons or entities involved, notwithstanding any privilege provided by federal or state law. Failure to comply with this requirement within the prescribed time shall automatically result in the immediate temporary suspension of Applicant's license to practice until such time as Applicant has made full compliance.
3. It is further understood and agreed that if Applicant fails to abide by any of the aforementioned terms and conditions, or if it should be indicated from reliable reports submitted to the Board that Applicant is otherwise unable to practice with reasonable skill and safety to patients, then Applicant's license may be immediately temporarily suspended until further Order of the Board following hearing into the matter. It is understood and agreed that by executing this Agreement, Applicant specifically consents to waive the procedural requirements of Sections 40-15-180 and 40-15-200 of the 1976 Code of Laws of South Carolina, as amended. It is understood and agreed that by executing this Agreement, Applicant specifically consents to consideration by the Board of any appropriate sanction under Sections 40-15-180 and 40-15-200 after the hearing required by this paragraph.
4. It is further understood and agreed that, pursuant to the South Carolina Freedom of Information Act, this Agreement is a public document.
5. It is further understood and agreed that this Agreement does not satisfy, prejudice, or stay any disciplinary action currently pending before the Board or which may be filed in the future.
6. It is further understood and agreed that each provision of this Agreement shall be subject to review by the Board. Applicant shall cooperate with the Board, its attorneys, investigators, and other representatives in the investigation of Applicant's practice and compliance with the provisions of this Agreement. Applicant may be required to furnish the Board with additional information as may be deemed necessary by the Board or its representatives. In addition to such requests, the Board in its discretion may require Applicant to submit further documentation regarding Applicant's practice, and it is Applicant's responsibility to fully comply with all such requests in a timely fashion. Failure to satisfactorily comply with such requests will be deemed a violation of this Agreement.

AND IT IS SO AGREED.

ADMINISTRATOR, SC BOARD OF DENTISTRY

DATE: _____

LICENSEE _____

DATE: _____