

**SOUTH CAROLINA STATE BOARD OF DENTISTRY
LOCAL INFILTRATION ANESTHESIA
EXAMINATION/CERTIFICATION APPLICATION**

Application must be fully completed with all requested information and documentation supplied. "Application fee (check or money order only) must accompany the application and is non-refundable and non-transferable."

Name _____
 First Middle Last

Mailing Address _____
 Street or PO Box

 City State Zip

Home Address _____
 Street

 City State Zip

Telephone: Home () _____ Office () _____

Email Address _____

S.C. Dental Hygiene License # _____ SS # _____

VERIFICATION OF CPR COURSE AND SUCCESSFUL COMPLETION OF A LOCAL INFILTRATION ANESTHESIA COURSE MUST BE ATTACHED:

1. Verification of CPR certification current within the past three (3) years
2. Verification of successful completion of a local infiltration anesthesia course within the past three (3) years (copy of certificate)

ALSO ATTACH:

3. Copy of social security card
4. Copy of current driver's license or picture ID

INFILTRATION ANESTHESIA EXAMINATION/CERTIFICATION APPLICATION FEE: \$70.00 MUST BE ATTACHED:

Your check or money order for payment in full must accompany this application. Make check payable to: LLR-Board of Dentistry

MAIL COMPLETED APPLICATION, REQUIRED DOCUMENTATION AND \$70.00 FEE TO:

SC Board of Dentistry
PO Box 11329
Columbia, SC 29211-1329

My signature below certifies that I have read and understand all requirements for certification to administer local infiltration anesthesia (see printed requirements page on web site).

SIGNATURE _____ DATE _____

Examination is given four times a year at the Board office location Synergy Business Park, Kingstree Bldg., 110 Centerview Drive in Columbia, SC 29210. You will receive written notification of your confirmed examination date. Examination application deadlines and examination dates are on the Board's web site at www.llr.state.sc.us/pol/dentistry

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.

12/05/14