



REQUIREMENTS AND INSTRUCTIONS FOR DENTAL LICENSURE BY EXAMINATION

The licensure process may take from 6-8 weeks. Applications are processed in the order they are received.

Before calling in to the Board Office - You may check your application status online at:
www.llr.state.sc.us/pol/dentistry and select Application Status.

Basis for Licensure:

1. You must have graduated from a dental program accredited by the American Dental Association (ADA).
2. You must have passed the National Board Examination.
3. **Clinical Examination:** You must have successfully completed a Board-approved clinical licensure examination within the past five (5) years. The Board accepts results of CRDTS and ADEX-SRTA/NERB (CDCA) / CITA.
4. Applicants that have disciplinary action or malpractice case(s), pending or closed, will be considered for licensure on a case-by-case basis after receipt of all required materials. For each case, the applicant should submit:
 - a. A copy of the formal complaint pleading(s);
 - b. A copy of the final action, disposition or settlement;
 - c. A personal explanation of the disciplinary action or malpractice claim; and
 - d. Any further information requested by the Board in separate communications.
5. You must agree to appear for a personal interview if requested by the Board.
6. You must have a good moral character.
7. You must successfully pass the SC Jurisprudence Examination.

Application Process:

1. **Application** - Complete your application and send in with the following:

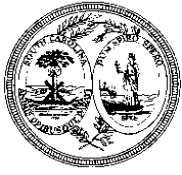
Note: Application is maintained for one year, after that period you will need to reapply.

 - \$300 application fee via check or money order made payable to LLR-Board of Dentistry (Fees are non-refundable and non-transferable)
A returned check fee of up to \$30, or an amount specified by law, **may** be assessed on all returned funds.
 - Notarized Verification of Lawful Presence
 - Copy of your valid Driver's License, State Issued ID or Passport
 - A 2"x2" Passport Style photo that has been taken within the last 6 months
 - Legal documents supporting any name change; including marriage or divorce.
 - Copy of Social Security Card
 - 3 Letters of Reference
 - National Practitioner Data Bank Report
2. **Education Verification:** Contact your Dental School Registrar's Office and have an official transcript, with the seal and Registrar's signature, mailed directly to our office.

3. **License Verifications:** Contact each state board you are currently or have previously been licensed with and have the license verification mailed directly to the Board office at the above address. We do accept State Issued License Verification forms.
4. **National Board Scores:** You must request your **National Board Scores** from the ADA to be mailed directly to the Board office. https://dts.ada.org/login/login_ADA.aspx
5. **Clinical Examination:** SRTA and CRDTS examination results are received in the Board office directly by email. Contact NERB (CDCA) and CITA to have examination results mailed directly to the Board office.
6. **National Practitioner Data Bank:** If you have been out of school one year or longer, or have ever been licensed in another state, you must request a report (self-query) from the National Practitioner Data Bank. Contact the NPDB at: www.npdb-hipdb.com or 1-800-767-6732. You may submit this report with your application.
7. **Personal History (Competency) Questions:** You will need to attach a written explanation for any “Yes” answers in the Personal History Information section on a separate sheet of paper. Additional information may be requested by the Board Office or a Board appearance may be necessary. You must be of good moral character.
8. **Letters of Recommendation** (Regulation: 39-2 B. 1.): Have three (3) original letters of recommendation mailed in by licensed dentists. The Board now allows you to submit these with your application.
Criteria of letters:
 - Dentist must identify the individuals (you) as a new graduate or licensed dentist.
 - Must be on the signatory’s letterhead and bear the original signature of the author.
 - **Must attest to your good moral character.**
 - Indicate how long they have known you and in what capacity.
 - Outline characteristics they believe qualify you for licensure in SC.
9. **Jurisprudence Examination:** Once our office receives your application and fee, you will be e-mailed instructions with a UserId and Password to take the exam online in 6-8 weeks. A score of 70 or higher is considered a passing score. Do not send in your certificate of passing, the Board is automatically notified.

To prepare for the Jurisprudence exam, you should review the Dental Laws and Regulations located on the website under Laws/Policies. (See below link)

<http://lrr.sc.gov/POL/Dentistry/index.asp?file=laws.htm>



APPLICATION FOR LICENSE TO PRACTICE DENTISTRY

Include with your application:

- Check or money order made payable to: LLR – Board of Dentistry.
\$300 for Application by Examination; or
\$2,000 for Application by Credentials; or
\$500 for Application by Credentials with request for partial waiver; include Waiver of Fees Request Form with application.
(Application fee is non-refundable and non-transferable)
A returned check fee of up to \$30, or an amount specified by law, **may** be assessed on all returned funds.
- Notarized Verification of Lawful Presence
- Copy of valid drivers license, state issued ID or Passport
- A 2"x2" passport style photo taken within the last 6 months
- Legal documentation for name change (marriage cert, divorce decree, court order, etc), if applicable
- Copy of Social Security Card
- 3 Letters of Reference
- National Practitioner Data Bank Report, if applicable

I HEREBY APPLY FOR DENTAL LICENSURE BY:

Clinical Examination: Name of Exam: _____ Date of Exam: _____

Credentials: Must have actively practiced dentistry for a minimum of five (5) years immediately preceding the date of application.

Check this box if you are requesting partial fee waiver to practice exclusively in a rural SC county for 2 years.

APPLICANT INFORMATION:

Name: _____ Maiden: _____
(Last, First, Middle, and Suffix)

Preferred Mailing Address: _____
(Street/PO BOX, City, State, Zip)

Home Address: _____
(Street, City, State, Zip)

Current Office Address: _____
(Street, City, State, Zip)

Phone: _____ Cell Phone: _____ Business Phone: _____

Email Address: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth (City, State): _____

Gender: Female Male

Have you ever legally changed your name including marriage or divorce? Yes No
If yes, you are required to enclose a copy of the legal document indicating the official change.

Branch of Military Service: _____ Dates of Service: _____

Honorable/Dishonorable Discharge: _____ If other than honorable, attach details.

Do you need special accommodations in order to take an exam? Yes No

If yes, explain: _____

II. (A) DENTAL EDUCATION INFORMATION:

Dental College/Institution must be approved by Commission on Accreditation of Dental and Dental Auxiliary programs of ADA. Contact the Dental School you graduated from and have an official transcript sent directly to the Board.

Name of School	LOCATION (City and State or Country)	GRADUATION DATE	DEGREE
Dental School			

(B) POST-GRADUATE EDUCATION INFORMATION

List chronologically all dental related post-graduate education and training (internship, residency, fellowship or other program) If you do not have any, please enter N/A. Attach an additional sheet if needed.

Institution/Program	LOCATION (City and State or Country)	Attendance Dates (MM/YR – MM/YR)	Did you complete the program?

III. RECORD OF LICENSURE:

List all states in which you have been licensed in; regardless of status: Active, Inactive, Expired, etc. You will need to contact each State Board and request a License Verification to be mailed directly to our Board at the above listed address. We will accept a state board issued form. Enter N/A if you have never been licensed in another state. Attach an additional sheet if needed.

State	Date of Licensure	License No.	Expiration Date	Basis for Licensure (State Exam, Regional Exam, National Exam, Credentials)

IV. DENTAL PRACTICE HISTORY:

List all activities relating to dentistry chronologically since post-graduate training. Explain any intervals where you were not in training or practicing dentistry. New graduates may enter n/a. Attach additional sheet if necessary.

FROM Month / Yr	TO Month / Yr	DENTIST / EMPLOYER NAME	OFFICE ADDRESS & LOCATION	TYPE OF PRACTICE	# HRS. / WEEK

Explanation of time periods you were out of work/training in the dental field: _____

Intent to practice in South Carolina: Please write a brief statement of the reason you wish to practice in SC.

V. PERSONAL HISTORY INFORMATION:

Please answer all questions. You must attach a written explanation for any "Yes" answers.

- Have you ever had an application for a license / certificate in any health care profession refused or denied by any dental licensing board, health care facility or other entity? YES NO
- Have you ever had any written complaint, formal accusation, final order, disciplinary action or consent order filed against you by any person, jurisdiction, health care facility or dental board? YES NO
- Have you ever had a malpractice lawsuit or judgment filed against you? YES NO
- Have you ever been convicted, pled guilty or pled nolo contendere for violation of any federal, state, or local law (you may exclude minor traffic violations, juvenile and/or expunged violations)? YES NO
- Are you currently under investigation or the subject of pending disciplinary action by any dental licensing board, health care facility or other entity? YES NO
- Currently or within the last two years, have you developed or been treated for any physical, mental, or emotional condition or drug or alcohol addiction that might interfere with your ability to competently and safely perform the essential functions of practice? YES NO

7. Have you ever voluntarily surrendered your license, control substance registration or DEA registration? YES NO
8. Have you ever had your ability to prescribe controlled substances denied, revoked, suspended or limited by any hospital, health care facility or other entity? YES NO

VII. REFERENCES:

List three (3) dentists’ names and their contact information who are writing letters of recommendations in support of your SC license application. You may submit these with your application.

Dentist Name	Dentist’s Address	Dentist’s Phone Number

Criteria of letters:

- Must be on dentist's letterhead
- Must attest to your good moral character.
- Indicate how long they have known you and in what capacity.
- Outline characteristics they believe qualify your for licensure in SC.

PRIVACY DISCLOSURE:

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.

NOTE:

Your application is good for one (1) year from the date of receipt. If all required information is not received within this one (1) year period; you must begin the application process from the beginning. This includes, but is not limited to, the application fee, transcripts, license verifications, etc.

AFFIDAVIT AND RELEASE OF APPLICANT:

I, _____, of _____,
(Applicant's Name) (City) (State)

being duly sworn and identified, of good moral character, and as the person referred to in this application and signed photo, attest to the truth of each statement made in said Application. I further swear that I have read and understand the law and the Rules and Regulations, which regulate the dental professions, and agree to abide by them in the practice as a Dentist in the State of South Carolina.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to render competent dental care including, but not limited to, requiring substance abuse testing or proof that no physical or psychological impairment exists that would adversely affect my ability to practice dentistry with reasonable skill and safety.

AUTHORIZE the Board, its staff, and their representatives to conduct a criminal background investigation, consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

RELEASE from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and other qualifications for certification.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, other qualifications, and for resolving any doubts about such qualifications.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

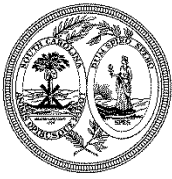
SIGNATURE OF APPLICANT **DATE**

Sworn to before me this _____ day of _____, 20_____.

Notary Signature

Print Notary Name
Notary Public for the State of: _____
My Commission Expires: _____

Attach Photo Here
Tape a passport-type photograph taken within the last six (6) months.



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or

2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)