



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

DENTAL HYGIENIST REQUIREMENTS AND INSTRUCTIONS

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: <https://www.llr.sc.gov/bod/>

BASIS FOR LICENSURE

1. You must have graduated from a dental hygiene program accredited by the American Dental Association (ADA).
2. You must have passed the National Board Examination
3. You must apply by having met one of the following:
Clinical Examination: You must have successfully completed a Board-approved clinical licensure examination within the past five (5) years. The Board accepts results of (1) CRDTS and (2) ADEX-SRTA/NERB (CDCA); or

APPLICATION PROCESS

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.

1. **Application** – In addition to a completed application, the following must also be sent:
 - \$150 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, Passport, or Military ID
 - 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
 - Copy of current CPR Card
 - 3 Letters of Reference
 - National Practitioner Data Bank Report, if applicable.
2. **Education Verification:** Contact your Dental Hygiene 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 will accept a state board issued form.
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. **IF you are applying for license based on:**
Clinical Examination: SRTA and CRDTS examination results are received in the Board office directly by email. Contact NERB (CDCA) 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. **Continuing Education Requirements:** Applicants who are applying by active practice or licensed within two years are required to have a minimum of fourteen (14) hours of Board-approved CE within the past two (2) years and must include an infection control course. All applicants must be currently certified in CPR. Credit hours are subject to verification; however, do not mail in the certificates and/or cards with your application.
9. **Letters of Recommendation (Regulation: 39-2 B. 1.):** Have three (3) original letters of recommendation completed by licensed dentists. The Board now allows you to submit these with your application.
Criteria of letters:
 - 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.
10. **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: <https://llr.sc.gov/bod/laws.aspx>



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APPLICATION FOR LICENSE TO PRACTICE DENTAL HYGIENE

Include with your application:

- Check or money order in the amount of \$150 made payable to: LLR – Board of Dentistry. 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 drivers license, state issued ID or Passport
- A 2"x2" passport style photo taken within the last 6 months
- Legal documentation for name change, if applicable
- Copy of Social Security Card
- Copy of current CPR Card
- 3 Letters of Reference
- National Practitioner Database Report

Basis for Licensure:

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

APPLICANT INFORMATION

First Name: _____ Middle: _____ Last Name: _____

Have you ever legally changed your name, including marriage or divorce? Yes No Prior Name: _____

If yes, you are required to submit legal documentation supporting the change. (Marriage, certificate divorce decree, etc.)

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

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

Current Office Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Business Phone: _____

Email: _____ Social Security No.: _____

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

(For statistical purposes only)

Race: _____ Gender: Female Male
(For statistical purposes only) (For statistical purposes only)

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: _____

EDUCATION INFORMATION

List all professional education in chronological order until present date. Dental Hygiene Institution must be approved by Commission on Accreditation of Dental and Dental Auxiliary programs of ADA.

Name of School	Location (City and State or Country)	Graduation Date	Degree

RECORD OF LICENSURE INFORMATION

List all states in which you have been licensed in for any medical profession; 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 the SC Dentistry Board at the above listed address. We will accept a state board issued form.

State/Jurisdiction	License Type	License No.	Initial License Date	How was license obtained? (Endorsement, exam, etc.)

PERSONAL HISTORY INFORMATION

If you answer yes to any of the questions below, attach a letter of explanation and/or legal documentation.

1. 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

2. Have you ever had any written complaint, formal accusation, final order, disciplinary action or consent order filed against you by any person, jurisdiction, or dental board? Yes No

3. 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

4. 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

5. 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

6. Have you ever voluntarily surrendered your license? Yes No

DENTAL HYGIENE PRACTICE HISTORY

List the past five (5) years of training or practice/work history. Explain any intervals where you were not in training or practicing dental hygiene. (Attach additional sheet(s) if necessary)

FROM Month / Yr	TO Month / Yr	Dentist/Employer Name	Office Address & Location	Type of Practice	No. of hours/week

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

CONTINUING EDUCATION (CE) / INFECTION CONTROL / CPR

Candidates are required to have a minimum of fourteen (14) hours of Board-approved CE within the past two (2) years and must include an infection control course. CE requirements do not apply to new graduates. All candidates must be currently certified in CPR. List all courses below; you may attach additional sheet(s) if necessary.

CE/CPR Course Title	Course Sponsor	Date	No. of Hours

REFERENCES

List three (3) dentists' names and their contact information who are writing letters of recommendations in support of your SC license 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 you for licensure in SC.

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 and subscribed before me this ____ day of _____, 20____.

Notary Signature: _____ (SEAL)

Print Notary Name: _____

Notary Public for the State of: _____

Attach a recent full-face
2" x 2" color photo

No copies

Sign and date photo

Do not staple

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.



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)