



REQUIREMENTS AND INSTRUCTIONS FOR DENTAL LICENSURE BY CREDENTIALS WITH RURAL COUNTY FEE WAIVER

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. **Clinical Examination:** You must have successfully passed a state or regional clinical board examination acceptable to the Board for licensure.
3. You must currently be licensed to practice dentistry in another state or US Territory. License status must not be revoked, suspended or restricted.
4. You must have actively practiced dentistry for a minimum of five (5) years immediately preceding the date of application. "Actively Practicing" means working a minimum of twelve hundred (1,200) hours a year on a private practice or public health or military clinical setting; or the combination of twelve hundred (1,200) hours a year of clinical instructing at an ADA approved dental school and private practice.
5. You must have completed seventy (70) hours of Continuing Education over the past five (5) years.
6. You must not have been the subject of any final or pending disciplinary action in the military or in any state or territory in which you have held any other professional license.

To all applicants applying by credential:

Please note that under South Carolina law, in S.C. Code annotated 40-15-275(A)(5)(6), an applicant applying by credentials must not be the subject of ANY final or pending disciplinary action in the military or any state or territory in which the applicant has held any other professional license.

7. You must establish an active practice in South Carolina within two (2) years of receiving a license by credentials or the license is automatically revoked.
8. You must have a good moral character.
9. You must successfully pass the SC Jurisprudence Examination.

Application Process:

1. **Application** - Complete your application and upload or mail-in with the following:
Note: Application is maintained for one year, after that period you will need to reapply.
 - \$500.00 application fee must be submitted in order to transmit the application. (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.
 - **Waiver of Fees request Form:** If you are requesting a partial fee waiver and agree to practice exclusively in a *rural county in SC for not less than two (2) consecutive years, a completed Waiver of Fees Form and a check or money order in the amount of \$500.00 must accompany the application.
***Rural Counties in SC as designated by the Board are:** Abbeville, Allendale, Bamberg, Barnwell, Calhoun, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Edgefield, Fairfield, Georgetown, Greenwood, Hampton, Jasper, Kershaw, Lancaster, Laurens, Lee, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Saluda, Union and Williamsburg.
 - 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. **Affidavit of Practice History:** You must complete, have notarized and mail to the Board office the Affidavit stating for the five (5) years immediately preceding application:
 - The dates and locations where you have been actively practicing dentistry;
 - That you have practiced a minimum of twelve hundred (1200) hours a year in private practice or public health or military clinical setting, or the combination of twelve hundred (1200) hours a year of clinical instructing at an ADA approved dental school and private practice;
 - That you have completed a minimum of seventy (70) hours of continuing education over the past five (5) years.
5. **Successful Completion of Clinical Examination:**
You must request verification that you have successfully completed a clinical licensing examination in general dentistry conducted by a regional or state testing agency. Verification (score certification report/letter) must be received directly from the testing agency.
6. **National Practitioner Data Bank:** 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 completed by licensed dentists. The Board now allows you to submit these with your application.

Criteria of letters:

- Must identify the individuals as licensed dentists.
- 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 your 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://lir.sc.gov/POL/Dentistry/index.asp?file=laws.htm>

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.



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Dentistry

P.O. Box 11329 • Columbia, SC 29211

Phone: 803-896-4599

www.llr.state.sc.us/POL/Dentistry



WAIVER OF FEES REQUEST FORM

Regulation 39-1(D): Dentists licensed in any state or territory of the United States may be issued a license to practice dentistry in this State if the applicant complies with the provisions of Reg. 39-1(B) and Section 40-15-275 and pays a fee of \$2000.00. The Board may waive \$1500.00 of the fee upon agreement with an applicant to practice exclusively in a rural county for not less than two (2) consecutive years.

The following counties have been identified as "rural counties" by the Board: Abbeville, Allendale, Bamberg, Barnwell, Calhoun, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Edgefield, Fairfield, Georgetown, Greenwood, Hampton, Jasper, Kershaw, Lancaster, Laurens, Lee, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Saluda, Union and Williamsburg.

APPLICANTS FOR DENTAL LICENSURE BY CREDENTIALS: This form must be completed, signed, notarized and returned with your application for dental licensure by credentials if you wish to request a waiver of \$1500.00 of the \$2000.00 application fee.

I, _____, hereby request that the SC Board of Dentistry waive \$1,500.00 of my application fee for licensure by credentials. I understand and agree that, if granted a waiver, I must practice exclusively in a rural county of South Carolina for no less than two (2) consecutive years.

I granted a waiver, I intend to practice exclusively in the rural county (listed above) of _____ for no less than two (2) years.

Signature of Applicant

Print Name of Applicant

Affirmed to and subscribed before me this _____ day of _____, 20_____.

Notary Signature

Print Name of Notary

Notary for the State/Territory of: _____

My commission expires on: _____



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NOTARIZED AFFIDAVIT (SIGNATURE)

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

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 dentistry 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.

Applicant's Signature: _____ Date: _____

Sworn to and subscribed me this _____ day of _____, 20____.

Notary Signature: _____

Print Name: _____

Notary Public for the State of: _____

Commission Expiration Date: _____



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AFFIDAVIT

APPLICANTS FOR DENTAL LICENSURE BY CREDENTIALS: This form must be completed, signed, notarized and returned with your application for dental licensure by credentials.

For the five (5) years immediately preceding my application for licensure by credentials, I have actively practiced at the following locations

Location	Dates of Employment

For the five (5) years immediately preceding my application for licensure by credentials, I have been in continuous active full time practice of a minimum of twelve hundred (1,200) hours per year in a private practice or public health or military clinical setting; or the combination of twelve hundred (1,200) hours per year of clinical instructing at a Commission on Dental Accreditation approved dental school and private practice. I understand that training programs do not qualify as full time clinical practice.

Over the five (5) years immediately preceding my application for licensure by credentials, I have completed a minimum of seventy (70) hours of Continuing Education.

Signature of Applicant

Date

Sworn and Subscribed before me this _____ day of _____, 20_____

Notary Signature

Print Name

Notary Public For

Commission Expiration



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PASSPORT SIZE PHOTO FORM

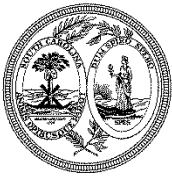
I, _____, am the person shown in the attached photograph
(Print name)
and I certify it has been taken within the last six (6) months,

(Signature)

(Date)

Tape Passport Style
Photo Here
2 x 2
Copies will not be
accepted

You can submit this page by either attaching it to the online application under “Uploads” section or by mailing directly to our office at the above address.



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)