



South Carolina Department of Labor, Licensing and Regulation

## 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 LICENSURE REQUIREMENTS AND APPLICATION PROCESS OVERVIEW

Before calling in to the Board Office - You may check your application status online at: <https://www.llr.sc.gov/bod/>

### LICENSURE REQUIREMENTS

A person is qualified to receive a certificate of licensure for dental hygiene if the following requirements are met:

1. You must have graduated from a dental hygiene institution approved by the American Dental Association (ADA) Commission on Dental Accreditation (CODA) and Auxiliary Education Programs.
2. You must have successfully passed the National Board Examination.
3. You must have successfully passed clinical licensure examination. The Board accepts CRDTS, ADEX and SRTA approved clinical examinations.
4. If applying by active practice or licensure, 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.
5. You must be currently certified in CPR.
6. You must have a good moral character.
7. You must successfully pass the SC Jurisprudence Examination.

### 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:
  - **Application Fee:** \$150 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.*
  - **Identification:**
    - Copy of your valid Driver's License, State Issued ID, Passport
    - Copy of Social Security Card
  - **CPR Certification:** certificate course has been taken within two years of application.
  - **Photo:** A 2" x 2" Passport Photo taken within the last 6 months
  - **Notarized Verification of Lawful Presence**
  - **Letter(s) of Reference:** (Regulation: 39-1 B. 1.) Original letters of recommendation completed by licensed dentists. At least one letter must be from a dentist.

#### Criteria of letters:

- Must be on signatory'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.

- **National Practitioner Data Bank Report:** You must request a report (self-query) from the National Practitioner Data Bank. Contact the NPDB at: [www.npdb-hipdb.com](http://www.npdb-hipdb.com) or 1-800-767-6732. You may submit this report with your application,
- **Legal documentation of name change** (marriage certificate, divorce decree, etc.)
- **Personal History 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.

2. **Documents to be sent directly to the Board from issuing agency/institution**

- **Education Verification:** Contact your Dental Hygiene School Registrar’s Office and have an official transcript, with the seal and Registrar’s signature, sent directly to our office.
- **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.
- **National Board Examination 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](https://dts.ada.org/login/login_ADA.aspx)
- **Clinical Examination Scores:** You must request verification that you have successfully completed a clinical licensing examination in dental hygiene conducted by a regional or state testing agency. The Board accepts CRDTS, ADEX and SRTA approved clinical examinations

3. **Jurisprudence Examination:** Once our office receives your application and fee, you will be e-mailed instructions with a User ID 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 at <https://www.llr.sc.gov/bod/laws.aspx>.



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**APPLICATION FOR LICENSE TO PRACTICE DENTAL HYGIENE**

**Submit the following with your application to the address above:**

- Check or money order only, in the amount of \$150 made payable to SC Board of Dentistry (Fees are non-refundable). A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds. **NO CASH IS ACCEPTED.**
- Copy of your valid Driver's License, State Issued ID, Passport or Military ID
- Copy of Social Security Card
- Copy of current CPR Card
- 2"x 2" Passport Photo taken within the last 6 months
- Notarized Verification of Lawful Presence
- Three Letters of Reference
- National Practitioner Data Bank Report
- Legal documentation of name change (marriage certificate, divorce decree, etc.)

**Have sent to the Board by issuing agency:**

- College Transcripts
- License Verification, if applicable
- National Board Scores
- Clinical Board Scores

Note for SC Residents: To find your Congressional District you may go to: <http://www.scstatehouse.gov/legislatorssearch.php>

**APPLICANT INFORMATION**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Have you ever legally changed your name?  Yes  No Former Name: \_\_\_\_\_

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ District: \_\_\_\_\_  
Congressional District (SC Residents Only)

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

Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Gender:  Female  Male  
(For statistical purposes only)

Date of Birth: \_\_\_\_\_ Place of Birth (City, Sate): \_\_\_\_\_

**BUSINESS INFORMATION**

Business Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**MILITARY INFORMATION**

Branch of Military Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

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

**SPECIAL ACCOMODATIONS**

If special accommodation is needed, you will need to provide supporting documentation.

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

If yes, explain: \_\_\_\_\_

**EDUCATION INFORMATION**

Dental Hygiene Institution must be approved by the ADA’s Commission on Dental Accreditation (CODA). Contact the Institution 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

**CLINICAL EXAMINATION**

The Board accepts CRDTS, ADEX and SRTA approved clinical examinations.

Name of Exam: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

**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 licensing agency and request a License Verification be sent directly to the Board via mail or email. 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)

**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 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

**PERSONAL HISTORY INFORMATION**

Please answer all questions. If you answer “Yes” to any part of this section, provide a detailed explanation on a separate sheet and attach copies of applicable court 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)? If yes, you will need to submit a statewide background check in which the conviction occurred, court disposition and any other legal documentation.  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

**REFERENCES**

List the dentist/dental hygienist and contact information who is writing the letter of recommendations in support of your SC license application. At least one letter must be from a dentist.

**Criteria of letter:**

- Must be on signatory’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.

Dentist/Dental Hygienist Name	Address	Phone Number

**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.

**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 Dental Hygienist 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\_\_\_\_\_.

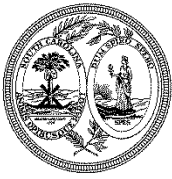
\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Notary Name

Notary Public for the State of: \_\_\_\_\_

My Commission Expires:  
\_\_\_\_\_

**Tape a recent notarized  
2 x 2  
Passport Photo  
(Less than 6 months old)**



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)