



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](http://www.llr.state.sc.us/POL/Dentistry)



### ELIGIBILITY REQUIREMENTS FOR CERTIFICATION FOR NITROUS OXIDE MONITORING

**Dental Hygienists and Expanded Duty Dental Assistants (EDDA)** - may apply for certification to *Monitor Nitrous Oxide* provided they meet Nitrous Oxide course and testing requirements.

NOTE: Dental Assistants must qualify as EDDA by showing proof as an “Expanded Duty Dental Assistant” in accordance with Board Regulation 39-13 which is by graduation from an ADA approved program or by proof of two (2) years continuous full-time employment as a chairside dental assistant.

1. Complete in full the **SC Application for Certification for Monitoring Nitrous Oxide**.
2. Submit with application a **\$25.00 fee** (check or money order) payable to LLR-Board of Dentistry.
3. Submit verification by certificate of successful completion from an approved course in nitrous oxide monitoring within the past three (3) years or proof of having been certified in another state to monitor nitrous oxide within the past three (3) years.

**Applicants who have been certified in another state:** Must present academic credentials for review of the course for course approval by the Board, including a course outline and a copy of certificate.

**All applicants:** The Board will not be able to accept a score from a school without the SC Application for Certification for Monitoring Nitrous Oxide having been made to this Board.

4. Must successfully complete the State Board Nitrous Oxide Monitoring Examination.
5. Submit proof of certification in cardiopulmonary resuscitation (CPR) within the past three (3) years.

You must have met all requirements to be issued a Certificate to Monitor Nitrous Oxide. Remember an application must be on file prior to taking the test for scores to be recorded.

#### **Nitrous Oxide Courses:**

Currently, the State Board of Dentistry has approved nitrous oxide monitoring courses at the **Medical University of South Carolina (MUSC) College of Dental Medicine**, Charleston, SC, **Midlands Technical College**, Columbia, SC, **Greenville Technical College**, Greenville, SC, **Tri-County Technical College**, Pendleton, SC, **York Technical College**, Rock Hill, SC, **Trident Technical College**, Charleston, SC, **Florence-Darlington Technical College**, Florence, SC, **Aiken Technical College**, Aiken, SC, and **Horry-Georgetown, Conway, SC**. Applicants should contact the appropriate school for course availability and information.

#### **CPR courses:**

Visit the Board website and look under FAQs for a list of approved CPR courses. Courses taken online are not approved.

#### **Processing time for certification:**

Applications are worked in the order that they are received. An application cannot be worked unless the application form is complete, has the fee attached, and includes all requirements.

Incomplete applications will be returned.

Please make sure your dental practice is aware that certification cannot be issued without all requirements being met, not just a course completion. That is grounds for possible disciplinary action.



**APPLICATION FOR CERTIFICATION IN NITROUS OXIDE MONITORING**

**Select how you will be applying for qualification for certification:**

To become certified to monitor nitrous oxide, you must either hold a S.C. Dental Hygiene License or qualify as an Expanded Duty Dental Assistant (a graduate of an ADA/DANB accredited dental assisting program or one who has completed two years of continuous full-time employment as a chair-side dental assistant).

**SC Dental Hygienist (DH):**

Existing DH License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I am currently a student or I have recently graduated. Graduation Date: \_\_\_\_\_

**Expanded Duty Dental Assistant (Select below)**

**Graduate of ADA/DANB Approved School**

If you are a student, list your anticipated graduation date.

Name of School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

**Chairside Training for Two (2) Years**

Dentist name: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Office Address: \_\_\_\_\_

**Include with your application:**

- Check or money order in the amount of \$25 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.
- Copy of valid Driver’s License, State Issued ID, or Passport
- Copy of social security card
- Current CPR Certification - visit the Board website under FAQ for a list of Board approved courses
- Copy of approved Nitrous Oxide Monitoring Course completion certificate taken within the past three (3) years.
- **Dental Assistants:**
  - Copy of completion certificate issued by an ADA/DANB accredited dental assisting program for Expanded Duty Dental Assistant; or
  - A written statement on letterhead signed by a licensed dentist stating you have completed two (2) years of continuous full-time employment as a chair-side dental assistant.

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_ Maiden: \_\_\_\_\_  
(Last, First, Middle, and Suffix)

Mailing Address: \_\_\_\_\_  
(Street/PO BOX, City, State, Zip)

Home Address: \_\_\_\_\_  
(Street, City, State, Zip)

Current Office Address: \_\_\_\_\_  
(Street, City, State, Zip)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**NITROUS OXIDE COURSE INFORMATION:**

Institution/School: \_\_\_\_\_ Location: \_\_\_\_\_

Course Name: \_\_\_\_\_ Date of Course: \_\_\_\_\_

**PRIVACY NOTICE**

*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:**

The Nitrous Monitoring Course alone does not give any privileges to monitor nitrous oxide and could result in action against you, your license and/or the license of the supervising dentist.

Applications are worked in the order that they are received. An application cannot be worked unless the application form is complete, has the fee attached, and includes all requirements.

Please make sure your dental practice is aware that certification cannot be issued without all requirements being met, not just a course completion. That is grounds for possible disciplinary action.

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, copies of certificates, etc.

**CERTIFICATION:**

My signature below certifies that I have read and understand all requirements for certification to monitor nitrous oxide in the instruction sheet and on the application itself.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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



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)