



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

www.llr.sc.gov/POL/Dentistry/



CHANGE OF PRACTICE FORM

CHOOSE CHANGE

_____ New Practice Site _____ Change of Dentist(s) _____ Remove Dentist(s)

SELECT TYPE OF ANESTHESIA PRACTITIONER:

_____ Certified Registered Nurse Anesthetist (CRNA) _____ Physician Anesthesiologist (MD)

_____ Dental Anesthesiologist

SC General License NO.: _____ SC Specialty License No.: _____

Last: _____ First: _____ Middle: _____ Suffix: _____

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

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

Phone: _____ Email Address: _____

Practice Location(s):

List each practice name and physical address.

PRACTICE NAME	COMPLETE PHYSICAL OFFICE ADDRESS	COUNTY	PHONE

I HEREBY Swear/affirm the statements made in this document to be TRUE to the best of my knowledge.

This form must be submitted to the SC LLR Board of Dentistry 15 days prior to beginning work in this practice location and within 15 days of leaving employment with this same practice.

Signature of Applicant

Date

Print Name