



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Dentistry

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www.llronline.com/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 chair-side dental assistant.

1. Complete in full the **Electronic Application for Certification for Monitoring Nitrous Oxide**.
2. 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.
3. Must successfully complete the State Board Nitrous Oxide Monitoring Examination.
4. 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 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.



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)