



2018-2019 Mobile Dental Facility/Portable Dental Operation Registration Renewal Application

Facility/Operation Name: _____ **Registration Number:** _____

Registration Renewal Instructions

1. Complete all questions and blank spaces on this renewal application. If an item is not applicable, answer N/A. Incomplete applications will be returned and if not resubmitted by the deadline will lapse.
2. Please review all information, make any necessary corrections or omissions to addresses, congressional districts, etc. on the reverse side and provide any additional information as requested
3. Return this entire completed renewal form and annual renewal fee of: \$150 for Mobile Dental Facility and \$75 for Portable Dental Operation made payable to LLR-Board of Dentistry. Please visit our webpage at <http://llronline.com/POL/Dentistry/> if you have any questions.
4. After June 30, 2018, registration is lapsed and you must re-apply.
5. All 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.
6. **IMPORTANT:** Each **Mobile Dental Facility** is required to have an inspection. After you have renewed your registration online, the LLR inspector's office will contact you to set up an appointment to have your mobile dental facility inspected. Upon a satisfactory inspection, you will be issued your 2018– 2019 Mobile Dental Inspection Decal by the inspector.

Physical Location of Facility/Operation:

Address: _____ **City:** _____ **State:** _____ **Zip:** _____
County: _____ **Phone:** _____ **Cell Phone:** _____
Fax: _____ **Email:** _____

Mailing Address of Facility/Operation:

Address: _____ **City:** _____ **State:** _____ **Zip:** _____
County: _____ **Phone:** _____ **Cell Phone:** _____
Fax: _____ **Email:** _____

Answer "Yes" or "No" to each of the following questions. If your answer is "Yes," to any of the questions 1-4 below, you must attach a separate sheet with a full written detailed explanation.

1. Since your last application for renewal of your dental registration, has any Board Order(s) or other disciplinary action been rendered against you by any state dental board (other than SC) or have you been denied licensure by any other dental board? Yes No
2. Since your last application for the renewal of your dental registration, have you been convicted, pled guilty or pled nolo contendere for violation of any federal, state or local law (other than minor traffic violations)? Yes No
3. Do you have a written procedure for dental emergency follow-up care for patients treated at your facility? Yes No
4. Do you have communication devices for immediate contact with appropriate persons in the event of a medical emergency? Yes No
5. Are you in compliance with all applicable federal, state, and local laws, regulations, and ordinances including Centers for Disease Control Guidelines (CDC), and possess all applicable county/city licenses or permits to operate such facility? Yes No
6. Since you last renewed your license, has there been any change in the status of your lawful presence in the United States since initial licensure? (ie. naturalization; received a renewed permanent resident card)? If Yes, please include a full written explanation. Yes No

I have carefully read all questions on this renewal application and have answered truthfully, accurately and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license and rejection of this application or delay in processing.

Licensee In Charge Signature _____ **Date** _____

South Carolina law requires the agency to collect personal information which is only disseminated as required by law. 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 your renewal application and other documents on file 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 purposes.