



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

Restricted Volunteer License 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/>

Practice Restrictions:

Restricted Volunteer licensees are restricted to the following:

- Practice in clinic(s) registered with the Board; and
- Treat patients who have no insurance or who are not eligible for financial assistance for dental treatments; and
- May not receive remuneration directly or indirectly for providing dental or dental hygiene services.
- Practice and perform under the supervision of a licensed dentist as follows:
 - **Volunteer Dentist and Dental Specialist License** must have either a licensed dentist with an unrestricted license is available on the premises; **or** reviewing every thirty (30) days with a local licensed dentist the cases of all patients treated during the thirty-day period.
 - **Volunteer Dental Hygiene License** may only practice dental hygiene as defined in the statutes and regulations while under the direct supervision of a licensed dentist.

Licensure Requirements:

A person is qualified to receive a certificate of restricted volunteer licensure if the following requirements are met:

1. Held a license in good standing in SC or another state.
2. Must not have failed a Board approved clinical examination within the past five (5) years
3. Must have at least five (5) years of clinical practice as a dentist or dental hygienist.

If applicant has **NOT** actively practiced dentistry (or dental hygiene) within the past five (5) years, applicant must:

- Submit a physician's statement of mental and physical competency verifying that the applicant is able to practice dentistry/dental hygiene with reasonable skill and safety to patients.
 - Provide two (2) letters attesting to the applicant's good moral character, from dental professionals, on letterhead. The letters must be signed and dated within the last year.
 - Provide proof of completion of an infection control course, approved by the Board, within the past two (2) years.
 - If requested by the Board, appear for a personal interview; take a refresher course or re-examination.
4. A signed statement from the Program Director of an approved clinic verifying applicant's employment as a volunteer must be submitted to the Board's office.
 5. For Volunteer Dental Specialist, must be a diplomate of a national certifying Board recognized by the American Dental Association. Applicants who are not a board certified may not hold a Volunteer Dental Specialist license.

6. Currently certified in CPR.
7. 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; you must begin the application process from the beginning. This includes, but is not limited to, the application, license verifications, etc.

1. **Application** – In addition to a completed application, the following must also be sent:
 - **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.
 - **Notarized Verification of Lawful Presence**
 - **Clinic Program Director Statement:** a signed and dated statement attesting to the employment as a volunteer in the specified clinic.
 - **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 or 1-800-767-6732.
 - **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.
 - **If applicant has not actively practiced within the past five (5) years:**
 - **Physician statement** – attesting to applicant’s mental and physical competency, verifying their ability to practice dentistry/dental hygiene with reasonable skill and safety to patients.
 - **Letters of recommendation** – Two letters from a dental professional on letterhead. The letters must be signed and dated within the last year.
 - **Infection Control Course** – proof of completion within the past two (2) years.
2. **Documents to be sent directly to the Board from issuing agency/institution**
 - **License Verifications:** Contact each state board you are currently or have previously been licensed with and have the license verification mailed or emailed directly to the Board office at the above address. Copies of licensure cards/certificates are not accepted.
 - **American Board Certificate:** You must request a certified copy of the certificate be sent to the Board.
3. **Jurisprudence Examination:** Once our office receives the application, you will be e-mailed instructions with a UserId to take the exam online. 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 RESTRICTED VOLUNTEER LICENSE

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, license verifications, etc.

Submit the following with your application to the address above:

- Copy of your valid Driver's License, State Issued ID, Passport
- Copy of Social Security Card
- Copy of current CPR card
- Notarized Verification of Lawful Presence
- Clinic Program Director Statement
- National Practitioner Data Bank Report
- Legal documentation of name change (marriage certificate, divorce decree, etc.)
- If applicant has not actively practiced within the past five (5) years:
 - Physician statement – attesting to applicant’s mental and physical competency, verifying their ability to practice dentistry/dental hygiene with reasonable skill and safety to patients.
 - Letters of recommendation – Two letters from a dental professional on letterhead. The letters must be signed and dated within the last year.
 - Infection Control Course – proof of completion within the past two (2) years.

Have sent to the Board by issuing agency:

- License Verification, if applicable
- Certified copy of your American Board Certificate, if applicable

APPLICATION FOR:

- Restricted Volunteer Dental License
- Restricted Volunteer Dental Specialist License
- Restricted Volunteer Dental Hygiene License

I. APPLICANT INFORMATION:

Name: _____ Maiden: _____
(Last, First, Middle, and Suffix)

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

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

Phone: _____ Cell Phone: _____ Business Phone: _____

Email Address: _____ Social Security Number: _____

Date of Birth: _____ Gender: Female Male

Have you ever legally changed your name including marriage or divorce? Yes No
If yes, you are required to enclose a copy of the legal document indicating the official change.

II. CLINIC INFORMATION:

A signed statement from the Program Director of the clinic verifying employment as a volunteer must be included with the application.

Clinic Name: _____

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

Mailing Address (if different from above): _____
(Street/PO BOX, City, State, Zip)

Clinic Phone: _____ Clinic Email: _____

III. 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 <small>(State Exam, Regional Exam, National Exam, Credentials)</small>

IV. LICENSURE REQUIREMENT INFORMATION:

Please answer all questions.

- Do you have at least five (5) years of active clinical practice in the field for which you are seeking licensure? Yes No
- Have you been in active clinical practice in the past five (5) years? Yes No
- Dental Specialists Only:** Yes No
 Are you a Diplomate of a national certifying specialty board recognized by the American Dental Association?

V. PERSONAL HISTORY INFORMATION:

Please answer all questions. You must attach a written explanation for any “Yes” answers.

- 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
- Have you ever had any written complaint, formal accusation, final order, disciplinary action or consent order filed against you by any person, jurisdiction, health care facility or dental board? Yes No

3. Have you ever had a malpractice lawsuit or judgment filed against you? Yes No
4. 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)? Yes No
5. 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
6. 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
7. Have you ever voluntarily surrendered your license, control substance registration or DEA registration? Yes No
8. Have you ever had your ability to prescribe controlled substances denied, revoked, suspended or limited by any hospital, health care facility or other entity? Yes No

VI. REFERENCES (if applicable):

List two (2) dental professionals' names and their contact information who are writing letter of recommendation. Letters must be signed and dated within the past year.

Dentist Name	Dentist's Address	Dentist's 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, 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 Dentist 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: _____



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)