



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

### Dental Licensure by Credentials 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/>

#### **Licensure Requirements:**

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

1. You must have graduated from an American Dental Association (ADA) Commission on Dental Accreditation (CODA) approved dental program.
2. You must have successfully passed the National Board Examination.
3. You must have successfully passed a clinical examination acceptable to the Board for licensure. The Board accepts CRDTS, ADEX, and SRTA approved clinical examinations. The Board does not accept state clinical examinations nor the WREB clinical examination.
4. You must currently be licensed to practice dentistry in another state or US Territory. License status must not be revoked, suspended or restricted.
5. You must have actively practiced dentistry for a minimum of five (5) years immediately preceding the date of application. "Actively Practicing" means working a minimum of twelve hundred (1,200) hours a year on a private practice or public health or military clinical setting; or the combination of twelve hundred (1,200) hours a year of clinical instructing at an ADA CODA approved dental school and private practice.
6. You must have completed seventy (70) hours of Continuing Education over the past five (5) years.
7. You must be currently certified in CPR.
8. You must not have been the subject of any final or pending disciplinary action in the military or in any state or territory in which you have held any other professional license.

**To all applicants applying by credential:** Please note that under South Carolina law, in S.C. Code annotated 40-15-275(A)(5)(6), an applicant applying by credentials must not be the subject of ANY final or pending disciplinary action in the military or any state or territory in which the applicant has held any other professional license.

9. You must have a good moral character.
10. You must successfully pass the SC Jurisprudence Examination.
11. You must establish an active practice in South Carolina within two (2) years of receiving a license by credentials or the license is automatically revoked.

## **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 period; you must begin the application process from the beginning. This includes, but is not limited to, the application fee, transcripts, license verifications, etc.*

1. **Application** – In addition to a completed application, the following must also be sent:
  - **Application Fee:** \$2,000 application fee must be submitted in order to transmit the application. If submitting a Waiver of Fees Form, a check or money order in the amount of \$500 made payable to SC Board of Dentistry. (Fees are 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.*
    - **Waiver of Fees Request Form:** If you are requesting a partial fee waiver (\$1,500) and agree to practice exclusively in a rural county\* in SC for not less than two (2) consecutive years, a completed Waiver of Fees Form must accompany the application.
      - \***Rural Counties in SC as designated by the Board are:** Abbeville, Allendale, Bamberg, Barnwell, Calhoun, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Edgefield, Fairfield, Georgetown, Greenwood, Hampton, Jasper, Kershaw, Lancaster, Laurens, Lee, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Saluda, Union and Williamsburg
  - **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**
  - **Continuing Education:** Documentation of the seventy (70) hours over the past five (5) years must be submitted. Reports of completed courses with course title, date and # of hours is acceptable from AGD, CE Broker or other CE tracking systems.
  - **Three Letters of Reference:** (Regulation: 39-1 B. 1.) Three (3) original letters of recommendation completed by licensed dentists. Letters must be signed and dated within the last six (6) months preceding the application date.
    - Criteria of letters:**
      - Must be on dentist's letterhead
      - Must attest to your good moral character.
      - Indicate how long they have known you and in what capacity.
      - Outline characteristics they believe qualify your for licensure in SC.
  - **Affidavit of Practice History:** Affidavit must be complete and notarized, documenting for the five (5) years immediately preceding application:
    - The dates and locations where you have been actively practicing dentistry;
    - That you have practiced a minimum of twelve hundred (1,200) hours a year in private practice or public health or military clinical setting, or the combination of twelve hundred (1,200) hours a year of clinical instructing at an ADA CODA approved dental program;

- That you have completed a minimum of seventy (70) hours of continuing education over the past five (5) years.
  - **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](http://www.npdb-hipdb.com) or 1-800-767-6732. You may submit this report with your application
  - **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.
2. **Documents to be sent directly to the Board from issuing agency/institution**
- **Education Verification:** Contact your Dental School Registrar’s Office and have an official transcript sent directly to the Board office. Transcripts may be email to [contact.dentistry@llr.sc.gov](mailto:contact.dentistry@llr.sc.gov) or mailed to the Board office.
  - **License Verifications:** Contact each state board you are currently or have previously been licensed with and have the license verification sent directly to the Board office via email or mail. We do accept State Issued License Verification forms.
  - **National Board Examination Scores:** You must request your National Board Scores from the ADA to be mailed directly to the Board office.  
[https://dts.ada.org/login/login\\_ADA.aspx](https://dts.ada.org/login/login_ADA.aspx)
  - **Clinical Examination Scores:** You must request verification that you have successfully completed a clinical licensing examination in general dentistry conducted by a Board approved testing agency. The Board accepts CRDTS, ADEX and SRTA approved clinical examinations. The Board does not accept state clinical examinations nor the WREB clinical examination.
3. **Jurisprudence Examination:** Once the completed application is approved, 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 LICENSE TO PRACTICE DENTISTRY BY CREDENTIAL

Submit the following with your application to the address above:

- Check or money order only, in the amount of \$2,000 made payable to SC Board of Dentistry (Fees are non-refundable). If submitting a Waiver of Fees Form, a check or money order in the amount of \$500 made payable to SC Board of Dentistry. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds. NO CASH IS ACCEPTED.
• Completed Waiver of Fees Request Form, if applicable
• 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
• Continuing Education Documentation
• Three Letters of Reference
• Affidavit of Practice History
• National Practitioner Data Bank Report
• DEA Verification of Registration, if applicable
• Legal documentation of name change (marriage certificate, divorce decree, etc.), if applicable

Have sent to the Board by issuing agency:

- College Transcripts
• License Verification
• National Board Scores
• Clinical Board Scores

Waiver of Fees Request:

Check if submitting a Waiver of Fees Form and agreeing to practice exclusively in a rural SC county for two (2) years.

Note for SC Residents: To find your Congressional District you may go to: http://www.scstatehouse.gov/legislatorssearch.php

APPLICANT INFORMATION

Last Name: First: Middle: Suffix:

Have you ever legally changed your name? Yes No Former Name:
If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: City: State: Zip: District:
Congressional District (SC Residents Only)

Mailing Address: City: State: Zip:
(If different than above)

Phone No.: Email Address:

Social Security No.: Gender: Female Male (For statistical purposes only)

Date of Birth: Place of Birth (City, State):

EMPLOYMENT INFORMATION

Business Name: Email:

Phone: Fax:

Address: City: State: Zip:

**MILITARY INFORMATION**

Branch of Military Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Honorable/Dishonorable Discharge: \_\_\_\_\_ If other than honorable, attach details.

**SPECIAL ACCOMMODATIONS**

If special accommodation is needed, you will need to provide supporting documentation.

Do you need special accommodations in order to take an exam?  Yes  No

If yes, explain: \_\_\_\_\_

**DENTAL EDUCATION INFORMATION**

Dental College/Institution must be approved by the ADA’s Commission on Dental Accreditation (CODA). Contact the Dental School you graduated from and have an official transcript sent directly to the Board.

Name of School	LOCATION (City and State or Country)	GRADUATION DATE	DEGREE

**POST-GRADUATE EDUCATION INFORMATION**

List chronologically all dental related post-graduate education and training (internship, residency, fellowship or other program). If you do not have any, please enter N/A. Attach an additional sheet if needed.

Institution/Program	LOCATION (City and State or Country)	Attendance Dates (MM/YR – MM/YR)	Did you complete the program?

**CLINICAL EXAMINATION**

The Board accepts CRDTS, ADEX and SRTA approved clinical examinations.

Name of Exam: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

**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. Attach an additional sheet if needed.

State	Date of Licensure	License No.	Expiration Date	Basis for Licensure (State Exam, Regional Exam, National Exam, Credentials)

DEA Licensure Number: \_\_\_\_\_ Have you registered with SC DEA?  Yes  No

## DENTAL PRACTICE HISTORY

List all activities relating to dentistry chronologically since post-graduate training. Explain any intervals where you were not in training or practicing dentistry. Attach additional sheet if necessary. **Applications by Credential must have actively practiced dentistry for a minimum of five (5) years immediately preceding the date of application.**

FROM Month / Yr	TO Month / Yr	Dentist/Employer Name	Office Address & Location	Type of Practice	No. of Hours/Week

Explanation of time periods you were out of work/training in the dental field:

Intent to practice in South Carolina: Please write a brief statement of the reason you wish to practice in SC:

## PERSONAL HISTORY INFORMATION

Please answer all questions. If you answer "Yes" to any part of this section, provide a detailed explanation on a separate sheet and attach copies of applicable court documentation.

- 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
- Have you ever had a malpractice lawsuit or judgment filed against you?  Yes  No
- 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)? If yes, you will need to submit a statewide background check in which the conviction occurred, court disposition and any other legal documentation.  Yes  No
- 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
- 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
- Have you ever voluntarily surrendered your license, control substance registration or DEA registration?  Yes  No
- 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

**REFERENCES**

List three (3) dentists and contact information who are writing letters of recommendations in support of your SC license application. You may submit these with your application.

**Criteria of letters:**

- Must be on dentist's letterhead, signed and dated within six (6) months of the application date.
- Must attest to your good moral character.
- Indicate how long they have known you and in what capacity.
- Outline characteristics they believe qualify you for licensure in SC.

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 and signed photo, 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: \_\_\_\_\_

*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, transcripts, license verifications, etc.*





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**AFFIDAVIT OF PRACTICE HISTORY**

**For all application for Dental Licensure by Credential, a complete Affidavit of Practice History must be included with the application.**

For the five (5) years immediately preceding my application for licensure by credentials, I have actively practiced at the following locations:

Practice Name	Dates of Employment	Hours of Active Practice

*For the five (5) years immediately preceding my application for licensure by credentials,* I have been in continuous, active, full-time practice of a minimum of twelve hundred (1,200) hours per year in a private practice or public health or military clinical setting; or the combination of twelve hundred (1,200) hours per year of clinical instructing at an ADA CODA approved dental school and private practice. I understand that training programs do not qualify as full-time clinical practice. Documentation of the required seventy (70) hours of continuing education within the past five years will be provided with this application packet.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Signature

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

Notary Public for the State of: \_\_\_\_\_

Commission Expiration: \_\_\_\_\_



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**WAIVER OF FEES REQUEST FORM**

Per Regulation 39-1(E), the Board may waive \$1,500.00 of the \$2,000 Application for Licensure by Credential fee for applicants who agree to practice exclusively in a rural county for not less than two (2) consecutive years. Rural counties as designated by the Board are: Abbeville, Allendale, Bamberg, Barnwell, Calhoun, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Edgefield, Fairfield, Georgetown, Greenwood, Hampton, Jasper, Kershaw, Lancaster, Laurens, Lee, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Saluda, Union and Williamsburg.

**If an application for Licensure by Credential is received without completed Waiver of Fees Request Form, the \$2,000 application fee will not be waived.**

I, \_\_\_\_\_, hereby request that the SC Board of Dentistry waive \$1,500.00 of the \$2,000 application fee for licensure by credentials. I understand and agree that, if granted a waiver, I must practice exclusively in a rural county of South Carolina for no less than two (2) consecutive years.

If granted a waiver, I intend to practice exclusively in the rural county of \_\_\_\_\_ for no less than two (2) consecutive years.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name of Applicant

Affirmed to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name of Notary

Notary for the State/Territory of: \_\_\_\_\_

My commission expires on: \_\_\_\_\_



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)