

**South Carolina Department of Labor, Licensing and Regulation**

**Board of Dentistry**

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**AFFIDAVIT**

**APPLICANTS FOR DENTAL LICENSURE BY CREDENTIALS:** *This form must be completed, signed, notarized and returned with your application for dental licensure by credentials.*

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

Location	Dates of Employment

**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 a Commission on Dental Accreditation approved dental school and private practice. I understand that training programs do not qualify as full time clinical practice.

**Over the five (5) years immediately preceding my application for licensure by credentials,** I have completed a minimum of seventy (70) hours of Continuing Education.

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

\_\_\_\_\_  
Date

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

(Official Seal)

\_\_\_\_\_  
**Notary Public**

My commission expires \_\_\_\_\_, 20\_\_\_\_\_.