



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

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llr.sc.gov/bod

Mobile Dental Facility and Portable Dental Operations Requirements and Registration Application Process Overview

*Before calling in to the Board Office - You may check your application status online at:
<https://www.llr.sc.gov/bod/>*

Mobile Dental Facility Requirements:

An organization or dental practice is authorized to operate a mobile dental facility if the following requirements are met:

1. A South Carolina licensed dentist, in good standing, is listed as the responsible party.
2. Proof of facility registration with the SC Department of Motor Vehicles.
3. Proof of registration with the Secretary of State authorizing the entity to do business in SC.
4. Passing of inspection by LLR assigned inspectors.

Portable Dental Operation Requirements:

An organization or dental practice is authorized to operate a portable dental operation if the following requirements are met:

1. A South Carolina licensed dentist, in good standing, is listed as the responsible party.
2. Proof of registration with the Secretary of State authorizing the entity to do business in SC.
3. Passing of inspection by LLR assigned inspectors.

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, proof of ownership, license verifications, etc.

1. **Application** – In addition to a completed application, the following must also be sent:
 - **Application Fee:** Application fee must be submitted in order to transmit the application. Mobile Facility Application Fee is \$150 and Portable Dental Unit Application Fee is \$75. (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.*
 - **Identification:**
 - Copy of your valid Driver's License, State Issued ID, Passport
 - Copy of Social Security Card
 - **Proof of Ownership:**
 - **Mobile Facility:** Proof of Registration with the South Carolina Department of Transportation.
 - **Business Registration:** Proof of registration with the Secretary of State

- **Radiographic Equipment Inspection:** If utilizing radiographic equipment, a copy of the passed inspection report from SC Department of Health and Environmental Control (DHEC) must be supplied. Per SC Regulation 39-16, every dentist and persons employed by the license who place and expose radiographic films, must successfully complete required training.
- **Emergency Follow-Up Care:** a copy of the procedure for emergency or follow-up care for patients treated must be submitted. The plan is to be kept where services are being provided. See S.C. Code of Law §40-15-172(B)(7) and S.C. Regulations 39-18(G) for plan requirements.
- **Consent Form and Patient Information Sheet:** a copy of the consent form utilized when services are rendered to minors and patient information sheet as outline in S.C. Code of Law §40-15-172(B)(10) and S.C. Regulation 39-18(G) and 39-18(N).
- **Proposed Location List:** A listing of proposed locations where the mobile dental facility or portable dental operations is to be provided in accordance with 39-18(K) and S.C. Code of Law §40-15-172(B)(5).

2. Inspection: All mobile facilities and portable equipment must pass inspection prior to utilization.

- Once a registration application is approved, agency inspectors will be notified and will be contacted responsible parties to schedule an inspection. Failure to pass the initial inspection will result in a re-inspection within thirty (30) days. Applicants who fail to pass the second inspection for non-compliance or exceeding thirty (30) days, or require multiple rescheduling of an inspection greater than three (3) times will be charged at a rate of \$75 per hour (including travel time) for each subsequent inspection.
- All mobile facilities and portal operations must meet the requirements as outlined in S.C. Code of Laws §40-15-172 and S.C. Regulation 39-18. Mobile dental facilities shall be inspected annually upon renewal of registration. Portable dental operations shall be inspected upon initial registration and thereafter only when a substantial repair, replacement, or modification has been made that requires inspection in the interest of patient safety.

Mobile Dental Facilities must:

- Comply with all applicable federal, state and local laws, regulation and ordinances dealing with radiographic equipment, flammability, construction, sanitation, zoning, infectious waste management, universal precautions, OSHA guidelines, access by persons with disabilities as required by state and federal law and the CDC. Included by not limited to:
 - Ready access ramp or lift if services are provided to disabled persons
 - Properly functioning sterilization system
 - Ready access to adequate supply of potable water, including hot water
 - Ready access to toilet facilities
 - Covered galvanized, stainless steel or other noncorrosive container for deposit of refuse and waste materials
 - Have carbon monoxide detection devices installed and in proper working order
 - Communication devise to enable immediate contact with appropriate persons in event of medical or dental emergency.
- Upon a passed inspection, board staff will mail a copy of the listed dental personnel license(s). Per S.C. Code of Law §40-15-172(B)(3), each dentist and dental hygienist providing dental services in a mobile dental facility or portable dental operation must display a copy of their license.



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APPLICATION FOR MOBILE DENTISTRY FACILITY OR PORTABLE DENTAL OPERATION

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.

Submit the following with your application to the address above:

- Check or money order only, made payable to SC Board of Dentistry (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. CASH IS NOT ACCEPTED.
 - Mobile Facility Application Fee: \$150
 - Portable Unit Application Fee: \$75
- Copy of your valid Driver's License
- Proof of Ownership
 - Registration with SC DMV, if applicable
 - Business registration with the Secretary of State
- DHEC Radiographic Equipment Inspection report, if applicable
- Copy of procedures for Emergency and Follow-Up Care for patients
- Copy of Patient Information Sheet and Consent Form
- Proposed Location List

REGISTRATION INFORMATION:

Type of Registration: (check one)

Mobile Dental Facility Portable Dental Operation: Unit Serial No.: _____

Legal Name of Business: _____

Business Trade Names (if applicable): _____

FEIN Number: _____ Owner's Name: _____

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

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

Business Phone: _____ Owner Email: _____

Licensed Dentist Name: _____ License Number: _____
(Responsible for operation)

LICENSED PERSONNEL:

A list of all SC licensed dental personnel must be provided. Board must be notified in writing within thirty (30) day of any personnel change. All licensed dental personnel must display their authorization to practice. Attach an additional sheet if necessary.

Licensee Name	License Type	License Number

OPERATIONS QUESTIONS:

- 1) Does the Operator ensure that written procedure for emergency or follow-up care for patients treated in the mobile dental facility or portable dental operation, and that such procedure includes prior arrangements for emergency or follow-up treatment in a medical or dental facility, as may be appropriate, that is located in the area where services are provided? YES NO
- 2) Communication devices are available to enable immediate contact with appropriate person in the event of a medical or dental emergency? YES NO
- 3) Patient records are maintained by the registrant in a secure manner? YES NO
- 4) Compliance with all applicable federal, state, and local laws, regulations and ordinances dealing with radiographic equipment, flammability, construction, sanitation, zoning, infectious waste management, universal precautions, OSHA guidelines, access by person with disabilities and CDC Guidelines? YES NO
- 5) Possess all applicable county and city licenses or permits to operate? YES NO
- 6) Properly functioning sterilization system? YES NO
- 7) Access to adequate supply of potable water, including hot water? YES NO
- 8) Facility has access to toilet facilities? YES NO
- 9) Facility has galvanized, stainless steel or other noncorrosive container for deposit of refuse and waste material? YES NO

For Mobile Dental Facility Registration Only:

- 10) Does the Operator ensure carbon monoxide detection devices are installed and in proper working order? YES NO
- 11) Facility has ready access to ram/lift if services are provided to disabled persons? YES NO

ATTESTATION:

I do solemnly swear or affirm, under the penalties of perjury, that I am the person authorized to sign this application for registration and that the statements made are true and correct.

Signature of Owner/Operator

Date

Signature of Licensed Dentist

Date