



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

### Reinstatement of License Requirements and Application Process Overview Dental • Dental Hygiene • Dental Technician

*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 reinstatement of licensure if the following requirements are met:

1. You must be currently certified in CPR.
2. You must have completed the required amount of Continuing Education over the past two (2) years. Per Board policy, only 50% of CE hours may be obtain via online courses.
  - Dentist must have completed twenty eight (28) hours; must include two (2) hours of sterilization/infection control courses. If have a SC DEA registration, must include two (2) hours on prescribing and monitoring controlled substance.
  - Dental hygienist must have completed fourteen (14) hours; must include two (2) hours of sterilization/infection control courses.
  - Dental technician must have competed eight (8) hours
3. You must in good standing in any state or territory in which you have hold/held any other professional license.
4. You must provide explanation regarding lapsing or expiration of license.
5. You must have a good moral character.
6. You must successfully pass the SC Jurisprudence Examination.
7. **Licenses lapsed or expired for more than six (6) years:** You may be required to complete a Board-approved re-entry program of courses. If upon Board determination that a re-entry program is required, the Board office will provide additional information on Board approved re-entry programs and course requirements.

## **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:** Application fee must be submitted in order to process the application. A check or money order in the amount specified shall be 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.*
  - **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.
  - **CE Documentation:** Documentation of completed CE courses within the two years preceding the application date must be submitted. If you have a CE Broker account and have uploaded the required CE documentation, physical copies of the certificate of course completion do not need to be submitted.
  - **Notarized Verification of Lawful Presence**
  - **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**
  - **License Verifications:** Contact each state board you are currently or have previously been licensed with and have the license verification mailed directly to the Board office at the above address. We do accept State Issued License Verification forms.
3. **Board Appearance:** Following the receipt of a completed application packet, you will be sent notice of Board appearance as required in SC Code of Law 40-15-170. Applicants may forgo Board appearance by retaking the dental or dental hygiene clinical examination or dental technician examination. If an applicant chooses to re-examine, the application will be held until examination results are submitted to the Board office.
4. **Jurisprudence Examination:** Once an application has been 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. Upon successfully completion of the jurisprudence examination, the license will be issued.

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 REINSTATEMENT OF 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:**

- Check or money order in the amount specified below made payable to: SC Board of Dentistry. (Application fee is 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.*
  - Dental License \$575 (\$75 Application Fee + \$500 Reinstatement Fee)
  - Dental Hygiene License \$375 (\$75 Application Fee + \$300 Reinstatement Fee)
  - Dental Technician Registration \$375 (\$75 Application Fee + \$300 Reinstatement Fee)
- 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
- National Practitioner Data Bank Report
- CE Documentation, if applicable
- Legal documentation of name change (marriage certificate, divorce decree, etc.), if applicable

**Have sent to the Board by issuing agency:**

- License Verification

**APPLICATION FOR:**

Dental License

Dental Hygiene License

Dental Specialist License

Dental Technician Registration

**I. APPLICANT INFORMATION:**

Name: \_\_\_\_\_ Maiden: \_\_\_\_\_  
(Last, First, Middle, and Suffix)

SC License/Registration No.: \_\_\_\_\_ Year Lic/Reg Lapsed/Expired: \_\_\_\_\_

Date you last practiced in SC (MM/DD/YY): \_\_\_\_\_

Have you maintained active practice in another state?      Yes      No

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

Home Address: \_\_\_\_\_  
(Street, City, State, Zip)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ SSN: \_\_\_\_\_

Since you were last actively practicing in SC, have you legally changed your name?     Yes     No

**II. 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)

**III. DENTAL PRACTICE HISTORY:**

List all activities relating to the practice of dentistry, dental hygiene, or dental technology since time of lapsed license. Attach additional sheet(s) if necessary.

FROM (MM/YY)	TO (MM/YY)	Practice Name	Address/Location	Type of Practice	No. of HRS/WK

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

**IV. EXPLANATION OF LAPSED/EXPIRED LICENSURE:**

Explain why your SC license was lapsed/expired and why you desire to reinstate. Please provide explanation on any professional activity you have engaged in since license was lapsed/expired.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**V. CONTINUING EDUCATION:**

List the CE courses taken within the past two (2) years. Per Board policy, only 50% of CE hours may be obtain via online courses. See below for required number of hours per license type.

Dentists: 28 hours

Dental Hygienists: 14 hours

Dental Technicians: 8 hours

*Dentists and Dental Hygienist: Within the above required hours, you must show CPR and two (2) hours of sterilization/infection control courses. Dentists with SC DEA Registration must show two (2) hours of prescribing and monitoring controlled substance courses.*

**Check One:**

- I have an active CE Broker account and have uploaded the below listed courses.
- I do not have an active CE Broker account and have included course completion documentation.

CE/CPR Course Title	Course Sponsor	Date	No. of Hours

**VI. PERSONAL HISTORY INFORMATION:**

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

- |  |     |    |
|--|-----|----|
| 1. 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 |
| 2. 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 <u>nolo contendere</u> 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 |

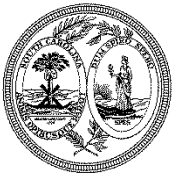
**PRIVACY DISCLOSURE:**

*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.







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)