

VI. References

List below the names and addresses of three (3) dentists, not related to you, who are willing to write letters of recommendation to support your application for a SC registration. You must request that each person listed below write directly to the Board, on letterhead, indicating that you are known to him/her, in what capacity and for how long, and outlining characteristics they believe qualify you for registration in SC. Your application will not be considered complete until letters of reference from the dentists identified below and all other materials necessary to support your application have been received.

Name and Address	Phone Number
1.	
2.	
3.	

VII. Affidavit and Release of Applicant

I, _____, of _____,
(Applicant's Name) *(City)* *(State)*

being first duly sworn and identified as the person referred to in this application and signed photo, attest to the truth of each statement made in said Application; that I fully realize that the determination as to whether I am admitted to practice dental technological work in the State of South Carolina may depend largely on the truth, falsity or completeness of my answers hereinabove set forth; that I will give any further information which may be required concerning my past record but that, to my knowledge, the answers which I have given to the questions hereinabove are true and complete; that I hereby authorize the South Carolina Board of Dentistry, or any agent or authorized representative of, to make a complete investigation of my character and fitness to practice dental technological work in South Carolina and of the completeness and truthfulness of my answers hereinabove made, and I hereby release and exonerate any person so authorized, and any person or organization supplying requested information, from liability of any kind resulting from the investigation or furnishing of the information. 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 Dental Technician in the State of South Carolina.

SIGNATURE OF APPLICANT

DATE

Sworn to before me this _____ day of _____, 20 _____.

NOTARY PUBLIC

Affix Seal Here

My Commission Expires: _____

Attach Photo Here

Note: Attach a passport-type photograph taken within the last six (6) months.

Print and Sign your name on back of photograph.



AFFIDAVIT OF ELIGIBILITY

Pursuant to Section 8-29-10 SC Code of Law, **ALL** applicants for a South Carolina license after July 1, 2008 are required to complete and sign this Affidavit of Eligibility.

Section A: LAWFUL PRESENCE in the United States.

I, (please print your full name) _____, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1. I am a United States citizen or legal permanent resident eighteen years of age or older; or
2. I am not a US citizen but am lawfully present in the US as evidenced by one of the following
 - a. I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
 - b. I am a nonimmigrant under the “Immigration and Nationality Act,” Federal Public Law 82-414 as amended, eighteen years of age or older.
3. I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
 - a. I am a US citizen, not physically present or employed in the United States.
 - b. I am a Foreign National, not physically present or employed in the United States.

If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.

Section B: Secure and Verifiable Document.

This section must be completed if you checked number 1 or 2 in Section A.

1. Please check one of the following acceptable secure and verifiable documents. Complete documentation must be provided **upon request only**.
 - Any South Carolina Driver License, South Carolina Driver Permit or South Carolina Identification Card, expired less than one year.
 - Out-of-state issued photo Driver's License or photo identification card, photo driver's permit expired less than one year. **State:** _____
 - Valid Temporary Resident Card
 - Certificate of Naturalization with intact photo
 - Certificate of (US) Citizenship with intact photo
 - Other: (Name of verifiable document) _____

2. Social Security Number _____

3. Enter the state or the federal agency name where this secure and verifiable document was issued. _____

(If issued by a state agency, include both the state and agency name.)

4. What is the secure and verifiable document number? _____

5. What is the expiration date of your secure and verifiable document? _____ (month/day/year)

(If you hold a document without an expiration date, such as a military ID or naturalization certificate, write

N/A.)

Section C: Attestation.

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States. I may also be required to provide proof of lawful presence.
- I understand that in accordance with section 8-29-10 false statements made herein are punishable by law. I state under penalty of perjury that the above statements are true and correct.
- I am the person identified above and 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.
- I understand that the above information must be disclosed to the Department of Labor, Licensing and Regulation upon request and is subject to verification.

Signature

Date

Please print your name as shown on your secure and verifiable document.

Professional License Type: _____

License Number (if already licensed): _____

The South Carolina Code of Laws requires that every individual who applies for an occupational or professional license provide a social security or alien identification 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.