



## DENTAL HYGIENIST REQUIREMENTS AND INSTRUCTIONS

**The licensure process may take from 6-8 weeks. Applications are processed in the order they are received.**

Before calling in to the Board Office - You may check your application status online at:  
[www.llr.state.sc.us/pol/dentistry](http://www.llr.state.sc.us/pol/dentistry) and select Application Status.

### Basis for Licensure:

1. You must have graduated from a dental hygiene program accredited by the American Dental Association (ADA).
2. You must have passed the National Board Examination
3. You must apply by having met one of the following:

**Clinical Examination:** You must have successfully completed a Board-approved clinical licensure examination within the past five (5) years. The Board accepts results of (1) CRDTS and (2) ADEX-SRTA/NERB (CDCA); or

**Active License and Practice:** You must hold an active license in another state and have actively practiced three (3) out of the last five (5) years; or

**Licensed within Two Years:** You must have been licensed in another state within the past two (2) years that requires similar examination requirements as South Carolina.

### Application Process:

1. **Application** - Complete your electronic application and upload or mail in the following:  
**Note:** Application is maintained for one year, after that period you will need to reapply.
  - Notarized Verification of Lawful Presence
  - Notarized Affidavit (Signature)
  - Copy of your valid Drivers License, State Issued ID or Passport
  - A 2"x2" Passport Style photo that has been taken within the last 6 months
  - Legal documents supporting any name change; including marriage or divorce.
  - Copy of Social Security Card
  - Copy of current CPR Card
  - 3 Letters of Reference
  - National Practitioner Data Bank Report, if applicable.
2. **Education Verification:** Contact your Dental Hygiene School Registrar's Office and have an official transcript, with the seal and Registrar's signature, mailed directly to our office.
3. **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 will accept a state board issued form.

4. **National Board 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)
5. **IF you are applying for license based on:**
  - Clinical Examination:** SRTA and CRDTS examination results are received in the Board office directly by email. Contact NERB (CDCA) to have examination results mailed directly to the Board office.
  - Active License and Practice:** in addition to the Verification of Licensure Form from the State(s) in which you hold an active license(s), your Dental Hygiene Practice History must reflect active practice for three (3) out of the past five (5) years.
  - Licensure within Two Years:** The Verification of Licensure Form from the State(s) in which you received your license(s) must reflect that you received your license(s) within two (2) years of the date of your application.
6. **National Practitioner Data Bank:** If you have been out of school one year or longer, or have ever been licensed in another state, 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.
7. **Personal History (Competency) 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. You must be of good moral character.
8. **Continuing Education Requirements:** Applicants who are applying by active practice or licensed within two years are required to have a minimum of fourteen (14) hours of Board-approved CE within the past two (2) years and must include an infection control course. All applicants must be currently certified in CPR. Credit hours are subject to verification; however, do not mail in the certificates and/or cards with your application.
9. **Letters of Recommendation** (Regulation: 39-2 B. 1.): Have three (3) original letters of recommendation completed by licensed dentists. The Board now allows you to submit these with your application.

**Criteria of letters:**

  - Must be on the signatory’s letterhead and bear the original signature of the author.
  - **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.
10. **Jurisprudence Examination:** Once our office receives your application and fee, you will be e-mailed instructions with a UserId and Password to take the exam online in 6-8 weeks. 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 under Laws/Policies. (See below link)

<http://lir.sc.gov/POL/Dentistry/index.asp?file=laws.htm>



South Carolina Department of Labor, Licensing and Regulation

**South Carolina Board of Dentistry**

P.O. Box 11329 • Columbia, SC 29211

Phone: 803-896-4599

[www.llr.state.sc.us/POL/Dietetics/dentistry](http://www.llr.state.sc.us/POL/Dietetics/dentistry)



**NOTARIZED AFFIDAVIT (SIGNATURE)**

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 dentistry 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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

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

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

**Please note that any illegible documents will not be accepted. If your upload is found to be illegible you will be asked to mail in the supporting document.**



South Carolina Department of Labor, Licensing and Regulation

## South Carolina Board of Dentistry

P.O. Box 11329 • Columbia, SC 29211

Phone: 803-896-4599

[www.llr.state.sc.us/POL/Dietetics/dentistry](http://www.llr.state.sc.us/POL/Dietetics/dentistry)



### PASSPORT SIZE PHOTO FORM

I, \_\_\_\_\_, am the person shown in the attached photograph  
(Print name)  
and I certify it has been taken within the last six (6) months,

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Tape Passport Style  
Photo Here  
2 x 2  
Copies will not be  
accepted

You can submit this page by either attaching it to the online application under “Uploads” section or by mailing directly to our office at the above address.



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)