



## 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

## LOCAL INFILTRATION ANESTHESIA CERTIFICATION REQUIREMENTS AND APPLICATION PROCESS OVERVIEW

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

### **Certification Requirements:**

A person is qualified to receive a certificate to administer local infiltration anesthesia if the following requirements are met:

1. You must be currently licensed SC Dental Hygienist
2. You must be currently certified in CPR.
3. You must have successfully completed
  - an approved course\* in local infiltration anesthesia within the three (3) years preceding the application; or
  - certified in another state to perform local infiltration anesthesia within three (3) years preceding the application.
4. You must successfully pass the State Board Infiltration Anesthesia Examination.

\* Board approved infiltration anesthesia courses are offered at the following schools:

- Florence-Darlington Technical College in Florence, SC
- Medical University of South Carolina (MUSC) – College of Dental Medicine in Charleston, SC
- Midlands Technical College in Columbia, SC
- Greenville Technical College in Greenville, SC
- Trident Technical College in Charleston, SC
- York Technical College in Rock Hill, SC

### **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:** \$70 application fee must be submitted in order to transmit the application. (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
  - **CPR Certification:** certificate course has been taken within two years of application.
  - **Course Completion:** Must provide a copy of the official diploma certificate showing course completion date.
  - **Certification Verification:** Applicants who have been certified in another state must present a certified copy of their certificate and completion of the Verification of Infiltration Anesthesia Course Certification.

- 2. State Board Infiltration Anesthesia Examination:** Once a completed application has been received and approved, applicants will be authorized to take the examination. The examination is administered by PSI Testing Service. Applicants will not be authorized to take the exam until a complete application is on file.

Applicants will receive notification from PSI when they are authorized to register for the examination. Applicants are responsible for registering and scheduling with PSI. The \$25 examination registration fee is to be paid directly to PSI upon registration.

Study material is not provided by the Board. Please contact your school for course refresher information.

PSI will send examination score reports directly to the Board office. Please do not send your score report to the Board office. Upon successful completion of the exam, the applicant will be issued a Certificate to Administer Local Anesthesia.

- 3. Re-Examination Requests:** An applicant who fails the examination may retake the exam up to two (2) times by submitting a Reexamination Request Application. PSI will receive notice once a re-examination application is approved. Applicants are responsible for scheduling with PSI and paying the \$25 examination registration fee each attempt.

An applicant who fails to achieve a passing grade after three (3) attempts must complete another Board-approved course in local infiltration anesthesia prior to being eligible for reapplication.



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

APPLICATION FOR INFILTRATION ANESTHESIA EXAMINATION

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.

Submit the following with your application to the address above:

- Check or money order only, in the amount of \$70 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. NO CASH IS ACCEPTED.
• Copy of your valid Driver's License, State Issued ID, or Passport
• Copy of current CPR card
• Submit of one (1) of the following:
o Certification of completion of a Board approved Local Infiltration Anesthesia Course; or
o Completed Verification of Infiltration Anesthesia Certification form

APPLICANT INFORMATION

Last Name: First: Middle: Suffix:

Dental Hygiene License No.: Last 5-Digits of Social Security No.:

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

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

Current Office Address: (Street, City, State, Zip)

Phone No.: Business Phone:

Email Address:

Do you need special accommodations in order to take an exam? Yes No

If yes, explain:

ANESTHESIA COURSE

Infiltration Anesthesia course must be Board-approved and passed within the three (3) years preceding the application date. If certified in another state to perform local infiltration anesthesia, copy of the certification is required.

Table with 4 columns: Name of Course, Name of School, Location, Completion Date

ATTESTATION

My signature below certifies that I have read and understand all requirements for certification to administer local infiltration anesthesia.

Signature: Date:

**PRIVACY DISCLOSURE**

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.



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

**VERIFICATION OF INFILTRATION ANESTHESIA CERTIFICATION**

Applicants Name: \_\_\_\_\_

The above referenced person has applied for certification in Local Infiltration Anesthesia with the South Carolina Board of Dentistry. In order for the applicant to become certified, a verification of infiltration anesthesia certification must be completed. Timely completion of this form is requested. Completed form may be submitted to the board via email, fax or mailed to the address listed above.

Educational Institute: \_\_\_\_\_

Address: \_\_\_\_\_

Is the program ADA CODA approved?  Yes  No

**COURSE OUTLINE**

Course Title	Course Description	Didactic/Clinical Hours Earned	Completion Date

**ATTESTATION**

I hereby affirm that the information provided on this form and any attachments are true and accurate and I am the authorized person to provide this information by this educational institute.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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