



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

### **Restricted Dental Instructor License 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/>

#### **Practice Restrictions:**

The Restricted Dental Instructor License and Restricted Dental Specialist Instructor License allows a license to practice dentistry:

- At or on behalf of the Medical University of South Carolina College of Dental Medicine (MUSC), or
- At a board-recognized, hospital-based residency program in SC

Practice is restricted to school affiliated clinics, offices or hospital based residency program. License automatically terminates if the holder ceases to be a full-time faculty member at MUSC or residency program.

The Restricted Dental Auxiliary Instructor License allows a license to practice dentistry:

- At or on behalf of a Commission on Dental Accreditation (CODA) accredited technical college.

Practice is restricted to school affiliated clinics and offices. License automatically terminates if the holder ceases to be a faculty member at a dental auxiliary program of a technical college.

#### **Licensure Requirements:**

A person is qualified to receive a certificate of restricted dental instructor, dental specialty instructor or dental auxiliary instructor licensure if the following requirements are met:

1. Holds a license in good standing in another state. For Dental Instructor or Dental Specialist Instructor holding of proof of valid license to practice include country or territory.
2. Has not been refused a license or had license revoked by any other dental licensing jurisdiction
3. Employed as a faculty member at MUSC, hospital based residency program or CODA accredited dental auxiliary program at a technical college in the state.
4. For Dental Instructor or Dental Specialist Instructor license, must have completed the following:
  - Final two (2) years of a program leading to a DDS or DMD degree at a CODA accredited school.
  - Minimum of two (2) years of a CODA approved advanced education program in an ADA recognized specialty or two (2) years of a CODA approved advanced education program in general dentistry.
5. For Dental Specialist Instructor, must be a diplomate of a national certifying Board recognized by the American Dental Association. Applicants who are not a board certified may not hold a Dental Specialist Instructor license.
6. Currently certified in CPR.
7. Successfully pass the SC Jurisprudence Examination.

## **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; you must begin the application process from the beginning. This includes, but is not limited to, the application, license verifications, etc.*

1. **Application** – In addition to a completed application, the following must also be sent:
  - **Application Fee:** The \$300 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.
  - **Notarized Verification of Lawful Presence**
  - **Proof of Employment:** A signed and dated letter certifying employment as a faculty member.
  - **Curriculum Vitae:** Dental Instructor and Dental Specialist Instructor must submit a CV documenting educational requirements have been met. CV is not required for Dental Auxiliary Instructor.
  - **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.
  - **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 or emailed directly to the Board office at the above address. Copies of licensure cards/certificates are not accepted.
  - **American Board Certificate:** You must request a certified copy of the certificate be sent to the Board.

- 3. Jurisprudence Examination:** Once our office receives the application, 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.

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 RESTRICTED DENTAL INSTRUCTOR 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 of \$300 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.*
- 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
- Proof of Employment Letter
- Curriculum Vitae (if applying for Dental Instructor or Dental Specialty Instructor)
- National Practitioner Data Bank Report
- Legal documentation of name change (marriage certificate, divorce decree, etc.)

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

- License Verification
- Certified copy of your American Board Certificate, if applicable

**APPLICATION FOR:**

- Restricted Dental Instructor License
- Restricted Dental Specialist Instructor License
- Restricted Dental Auxiliary Instructor License

**I. APPLICANT INFORMATION:**

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

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

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Female  Male

Have you ever legally changed your name including marriage or divorce?  Yes  No  
*If yes, you are required to enclose a copy of the legal document indicating the official change.*

**II. FACULTY EMPLOYMENT INFORMATION:**

A signed letter from the Dean or President verifying employment must be included with the application.

School/Program Name: \_\_\_\_\_

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

Mailing Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_  
(Street/PO BOX, City, State, Zip)

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

**III. DENTAL EDUCATION INFORMATION:**

List chronologically all dental schooling, post-graduate education, and training (internship, residency, fellowship or other program).

| Institution/Program | LOCATION<br>(City and State or Country) | Attendance Dates<br>(MM/YR – MM/YR) | Did you complete<br>the program? |
|---------------------|---|-------------------------------------|----------------------------------|
|                     |   |                                     |                                  |
|                     |   |                                     |                                  |
|                     |   |                                     |                                  |
|                     |   |                                     |                                  |

*If Applicable:*

Diplomate of the American Board of \_\_\_\_\_ Date Certified \_\_\_\_\_

**IV. 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<br>Licensure | License No. | Expiration<br>Date | Basis for Licensure<br>(State Exam, Regional Exam, National Exam, Credentials) |
|-------|----------------------|-------------|--------------------|--|
|       |                      |             |                    |  |
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|       |                      |             |                    |  |
|       |                      |             |                    |  |

## V. 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 nolo contendere 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)