



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

Dental Specialty Licensure 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/>

Licensure Requirements:

A person is qualified to receive a certificate of licensure for dental specialty if the following requirements are met:

1. You must have a valid South Carolina General Dentistry License.
2. You must successfully complete an advanced dental education program accredited by the Commission on Dental Accreditation (CODA) in a dental specialty recognized by the American Dental Association (ADA);

or

You are a diplomate of a national certifying Board recognized by the ADA.

3. You must have a good moral character.

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:** \$300 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
 - **Notarized Verification of Lawful Presence**
 - **Letters of Reference:** (Regulation: 39-1 B.2.) Original three letters of recommendation completed by licensed dentists. Letters must be signed and dated within six (6) months preceding the application date.

Criteria of letters:

- Must be on dentist's letterhead
- Must attest to your good moral character.
- Indicate how long they have known you and in what capacity.
- Outline characteristics they believe qualify you for licensure in SC.

- **DEA Verification:** If you are registered with the federal and state Drug Enforcement Administration to prescribe controlled substances, you must submit verification of registration status.
- **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**

- **Education Verification:** Contact your Dental School Registrar’s Office and have an official transcript, with the seal and Registrar’s signature, mailed directly to our office.
- **License Verifications:** Contact each state board you are currently or have previously been licensed with and have the license verification sent directly to the Board office at the above address. We do accept State Issued License Verification forms.
- **American Board Certificate:** You must request a certified copy of the certificate be sent to the Board.



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APPLICATION FOR LICENSE TO PRACTICE DENTISTRY SPECIALTY

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 \$300 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, Passport
- 2"x 2" Passport Photo taken within the last 6 months
- Notarized Verification of Lawful Presence
- Three Letters of Reference
- DEA Verification of Registration, if applicable

Have sent to the Board by issuing agency:

- College Transcripts or American Board Diplomate Certificate
- License Verification, if applicable
- Certified copy of your American Board Certificate, if applicable

Applying for Specialty License by:

- CODA Advanced Dental Education Program American Board of Certificate as a Diplomate

Specialty:

Dental Anesthesiology	Oral and Maxillofacial Radiology	Orthodontics and Dentofacial Orthopedics
Dental Public Health	Oral and Maxillofacial Surgery	Pediatric Dentistry
Endodontic	Oral Medicine	Periodontics
Oral and Maxillofacial Pathology	Orofacial Pain	Prosthodontics

APPLICANT INFORMATION:

Name: _____ License Number: _____
(Last, First, Middle, and Suffix)

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

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

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

Phone: _____ Cell Phone: _____ Business Phone: _____

Email Address: _____

II. (A) DENTAL EDUCATION INFORMATION:

The advanced dental program must be approved by the Commission on Dental Accreditation (CODA) in a dental specialty recognized by the ADA. Contact the Dental School you graduated from and have an official transcript sent directly to the Board.

Name of School	LOCATION (City and State or Country)	GRADUATION DATE	DEGREE

(B) POST-GRADUATE EDUCATION INFORMATION

List chronologically all dental related post-graduate education and training (internship, residency, fellowship or other program) If you do not have any, please enter N/A. Attach an additional sheet if needed.

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

III. 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. Enter N/A if you have never been licensed in another state. Attach an additional sheet if needed.

State	Date of Licensure	License No.	Expiration Date	Basis for Licensure (State Exam, Regional Exam, National Exam, Credentials)

DEA Licensure Number: _____ Have you registered with SC DEA?: Yes No

IV. DENTAL PRACTICE HISTORY:

List all activities relating to dentistry chronologically since post-graduate training. Explain any intervals where you were not in training or practicing dentistry. New graduates may enter n/a. Attach additional sheet if necessary.

FROM Month / Yr	TO Month / Yr	DENTIST / EMPLOYER NAME	OFFICE ADDRESS & LOCATION	TYPE OF PRACTICE	# HRS. / WEEK

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

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

VII. REFERENCES:

List the three dentists and contact information who are writing letters of recommendation in support of your SC license application. Letters must be signed and dated within six (6) months preceding the application date.

Criteria of letter:

- Must be on dentist's letterhead
- 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.

Dentist Name	Dentist's Address	Dentist's Phone Number

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.

AFFIDAVIT AND RELEASE OF APPLICANT:

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 as a Specialty Licensed Dentist 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.

SIGNATURE OF APPLICANT

DATE

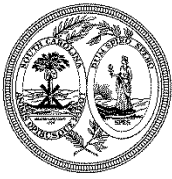
Sworn to before me this _____ day of _____, 20_____.

Notary Signature

Print Notary Name

Notary Public for the State of: _____

My Commission Expires: _____



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)