WAIVER OF FEES REQUEST FORM

APPLICANTS FOR DENTAL LICENSURE BY CREDENTIALS: This form must be completed, signed, notarized and returned with your application for dental licensure by credentials if you wish to request a waiver of $1500.00 of the $2000.00 application fee.

I, ____________________________________________, hereby request that the Board waive $1500.00 of my application fee for licensure by credentials. I understand and agree that, if granted a waiver, I must practice exclusively in a *rural county of South Carolina for not less than two (2) consecutive years.

If granted a waiver, I intend to practice exclusively in the rural county of ____________________________ for not less than two (2) years.

_______________________________
Signature of Applicant

_______________________________
Date

Affirmed to and subscribed before me this

_______ day of ____________________, 20____.

_______________________________
Notary Public for ____________________

My commission expires on ________________________, 20______.

*Rural Counties in SC as Designated by the Board


08/2014