



South Carolina  
Department of Labor, Licensing and Regulation



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Board of Dentistry

Henry D. McMaster  
Governor

Emily H. Farr  
Director

**\*\*\*THIS SECTION DOES NOT INCLUDE THE ACTUAL  
APPLICATION\*\*\***

The documents indicated in this section are the required supporting documents to **accompany the online application.**

You **must complete** either the Online Application, #2; **or** scroll to Paper Applications and select the appropriate application.



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

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llr.sc.gov/bod

## DENTAL HYGIENIST 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 hygiene if the following requirements are met:

1. You must have graduated from a dental hygiene institution approved by the American Dental Association (ADA) Commission on Dental Accreditation (CODA) and Auxiliary Education Programs.
2. You must have successfully passed the National Board Examination.
3. You must have successfully passed a state or regional clinical examination.
4. Applicants that have disciplinary action or malpractice case(s), pending or closed, will be considered for licensure on a case-by-case basis. For each case, the applicant should submit:
  - Copy of the formal complaint pleading(s);
  - Copy of the final action, disposition or settlement;
  - A personal explanation of the disciplinary action or malpractice claim; and
  - Any additional information requested by the Board.
5. You must be currently certified in CPR.
6. You must have a good moral character.
7. You must successfully pass the SC Jurisprudence Examination.
8. You must agree to appear for a personal interview if requested by the Board.

### **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:** \$150 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
    - Copy of Social Security Card

- **CPR Certification:** certificate course has been taken within two years of application.
- **Notarized Verification of Lawful Presence**
- **Letter(s) of Reference:** (Regulation: 39-1 B. 1.) Original letters of recommendation completed by licensed dentists or dental hygienist. At least one letter must be from a dentist. Letters must be dated within six (6) months of the date of application and must be signed.

**Criteria of letters:**

- Must be on signatory'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.
- **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. You may submit this report with your application,
- **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 Hygiene School Registrar's Office and have an official transcript, with the seal and Registrar's signature, sent directly to our office.
- **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 do accept State Issued License Verification forms.
- **National Board Examination 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)
- **Clinical Examination Scores:** You must request verification that you have successfully completed a state or regional clinical licensing examination in dental hygiene.

**3. Jurisprudence Examination:** Once our office receives your application and fee, you will be emailed instructions with a UserId to take the exam. 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>.

**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 Dental Hygienist 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)