



## 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

## NITROUS OXIDE 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 monitor nitrous oxide if the following requirements are met:

1. You must be currently:
  - Licensed SC Dental Hygienist; or
  - Expanded Duty Dental Assistant
2. You must be currently certified in CPR.
3. You must have successfully completed
  - an approved course\* in nitrous oxide monitoring within the three (3) years preceding the application; or
  - certified in another state to monitor nitrous oxide within three (3) years preceding the application.
4. You must successfully pass the State Board Nitrous Oxide Monitoring Examination.

\* Board approved nitrous oxide monitoring courses are offered with the following providers:

- Aiken Technical College in Aiken, SC
- Florence-Darlington Technical College in Florence, SC
- Greenville Technical College in Greenville, SC
- Horry-Georgetown Technical College in Conway, SC
- Medical University of South Carolina (MUSC) – College of Dental Medicine in Charleston, SC
- Midlands Technical College in Columbia, SC
- Summerville Pediatric Dentistry in Summerville, SC
- Tri-County Technical College in Pendleton, 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:
  - **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.
  - **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 Nitrous Oxide Monitoring Course Certification.
  - **Legal documentation of name change, if applicable** (marriage certificate, divorce decree, etc.)

- 2. State Board Nitrous Oxide 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 Monitor Nitrous Oxide.

- 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 nitrous oxide monitoring prior to being eligible for reapplication.



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APPLICATION FOR NITROUS OXIDE CERTIFICATION 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:

- Copy of your valid Driver's License, State Issued ID, Passport
• Copy of your Social Security Card
• Copy of current CPR card
• Notarized Verification of Lawful Presence
• Certificate of completion of a Board approved Nitrous Oxide Monitoring Course
• Legal documentation of name change, if applicable (marriage certificate, divorce decree, etc.)
• Expanded Duty Dental Assistant additionally must include one of the following:
o Certificate of completion from ADA CODA approved dental assisting program; or
o Letter attesting to completion of two (2) years of continuous full-time employment as a chair-side dental assistant. Must be on letterhead, signed and dated by the licensed dentist.

Applying by:

SC Dental Hygienist

License Number: \_\_\_\_\_

Current student or recent graduate:

Name of School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Dental Assistant or Expanded Duty Dental Assistant

Graduate from ADA CODA approved program:

Name of School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Chair-side training for two (2) continuous years

APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Have you ever legally changed your name? Yes No Former Name: \_\_\_\_\_

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

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: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

If yes, explain: \_\_\_\_\_

**NITROUS OXIDE COURSE**

Nitrous Oxide monitoring course must be a board approved and passed within the three (3) years preceding the application date. If certified in another state to monitor nitrous oxide, copy of the certification is required.

Name of Course	Name of School	Location	Completion Date

**ATTESTATION**

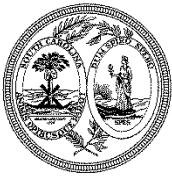
My signature below certifies that I have read and understand all requirements for certification to monitor nitrous oxide.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**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)