



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Dentistry

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llr.sc.gov/bod

Continuing Education Provider Application

Organizations and agencies not meeting provider parameters of S.C. Regulations 35-9(F)(4)(a)-(c), must attain Board approval prior to continuing education course acceptance.

CONTACT INFORMATION

Organization/Agency Name: _____

Mailing Address: _____

Primary Contact Person: _____ Phone: _____

Email: _____

COURSE REQUIREMENTS

Please answer all questions. If you answer "No" to any part of this section, provide a detailed explanation on a separate sheet.

1. The CE course subject matter will be related to the procedures approved for each licensee/registrant such as: Yes No
 - a. Medical and scientific subjects
 - b. Clinical and technical subjects
 - c. Risk management and infection control
 - d. Dental radiology
 - e. CPR, diet and nutrition

2. The Provider will either issue a certificate of course completion or upload the licensee attendee list for CE Broker submitted courses. Yes No

3. Course CE credit hours will be awarded based upon each contact hour of instruction. Yes No

4. Records of CE course and attendee list will be kept for three (3) years from the date of course delivery. Yes No

ATTESTATION

My signature below certifies that I have read and understand all requirements for Board approval. Additionally, failure to abide by the above listed parameters may result in the Board's rescinding CE Provider approval.

SIGNATURE: _____ DATE: _____