



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 RESIDENT LIMITED LICENSE REQUIREMENTS AND APPLICATION PROCESS

Before calling in to the Board Office - You may check your application status online at:

<https://www.llr.sc.gov/bod/>

In response to the complications of COVID-19, the Board has temporarily developed the limited license for recent dental graduates unable to take the required clinical exams required for regular licensure.

The Dental Resident Limited License allows a resident to practice dentistry:

- Only in the sponsoring hospital named on the license; and
- Only under the direction of the licensed attending dentist employed by the sponsoring hospital or institution; and
- Residency program must be CODA approved; and
- License is valid for one year. Residence holding the license may apply to continue the limited licensure if just cause is shown for inability to take and pass the clinical exam.

Licensure Requirements:

A person is qualified to receive a certificate of resident limited licensure if the following requirements are met:

1. You must have graduated from an American Dental Association (ADA) Commission on Dental Accreditation (CODA) approved dental program.
2. You must have successfully passed the National Board Examination.
3. You must provide documentation of CODA approved residency in a South Carolina hospital beginning in 2020.
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 thirty (30) days from the date of receipt. If all required information is not received within this thirty (30) day 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
 - Copy of Social Security Card
 - **CPR Certification:** certificate course has been taken within two years of application.
 - **Photo:** A 2”x 2” Passport Photo taken within the last 6 months
 - **Notarized Verification of Lawful Presence**
 - **Letter(s) of Reference:** (Regulation: 39-1 B. 1.) Original letters of recommendation completed by licensed dentists. If submitting for initial licensure with the Board, one (1) letter of reference is required. If applicant is currently licensed in another state/jurisdiction, three (3) letters of reference are required.
 - 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 your for licensure in SC.
 - **Documentation of Residency:** You must submit documentation of CODA approved residency at a South Carolina hospital or dental institution. Licensees will be limited to the practice of dentistry at the specific hospital or institution, under the direction of the attending dentist employed by the facility.
 - **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 or 1-800-767-6732. You may submit this report with your application,
 - **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 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

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

Passing of the Clinical Exam:

A Resident holding a Dental Resident Limited License who has taken and passed the required clinical exam for licensure will be automatically transferred to permanent licensure upon Board office receipt of the clinical examination scores. There is no additional fee for the transition of licensure.

Once you have successfully completed a clinical licensing examination in general dentistry conducted by a regional or state testing agency, you must request verification be sent directly to the Board office. The Board accepts CRDTS, ADEX and SRTA approved clinical examinations.



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APPLICATION FOR DENTAL RESIDENT LIMITED LICENSE

Your application is good for thirty (30) days from the date of receipt. If all required information is not received within this thirty (30) days 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 or Military ID
- Copy of Social Security Card
- Copy of current CPR card
- 2"x2" Passport Photo taken within the last 6 months
- Notarized Verification of Lawful Presence
- Letter(s) of Reference
- Documentation of CODA Approved Residency Program
- National Practitioner Data Bank Report
- DEA Verification of Registration, if applicable
- Legal documentation of name change (marriage certificate, divorce decree, etc.)

Have sent to the Board by issuing agency:

- College Transcripts
- License Verification, if applicable
- National Board Scores

APPLICANT INFORMATION

First Name: _____ Last: _____ Middle: _____

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.)

Home Address: _____ City: _____ State: _____ Zip: _____

Preferred Mailing Address: _____ City: _____ State: _____ Zip: _____

Current Office Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Business Phone: _____

Email Address: _____ Social Security No.: _____

Date of Birth: _____ Place of Birth (City, State): _____

Gender: Female Male
(For statistical purposes)

Branch of Military Service: _____ Dates of Service: _____

Honorable/Dishonorable Discharge: _____ If other than honorable, attach details

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

If yes, explain: _____

DENTAL EDUCATION INFORMATION

Dental College/Institution must be approved by the ADA’s Commission on Dental Accreditation (CODA). 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

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?

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

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: _____

Intent to practice in South Carolina: Please write a brief statement of the reason you wish to practice in SC.

RESIDENCY INFORMATION

The Dental Resident Limited License allows a resident to practice dentistry only in the sponsoring hospital named on the license and under the direction or indirect supervision of program faculty. Residency program must be CODA approved.

Name of Hospital: _____

Residency Commencement Date: _____

Anticipated Residency Completion Date: _____

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

REFERENCES

List the dentist and contact information who is writing the letter of recommendations in support of your SC license application. If submitting for initial licensure with the Board, one (1) letter of reference is required. If applicant is currently licensed in another state/jurisdiction, three (3) letters of reference are required.

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.



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DENTISTRY SIGNATURE AFFIDAVIT

Intent to practice in South Carolina: Please write a brief statement of the reason you wish to practice in SC.

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 dentistry 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.

Applicant's Signature: _____ Date: _____

Sworn to and subscribed me this ____ day of _____, 20__ .

Notary Signature: _____

Print Name: _____

Notary Public for the State of: _____

Commission Exp: _____



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)