



South Carolina Department of Labor, Licensing and Regulation

## South Carolina Board of Dentistry

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llr.sc.gov/bod

### **Restricted Volunteer License 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/>

#### **Practice Restrictions:**

Restricted Volunteer licensees are restricted to the following:

- Practice in clinic(s) registered with the Board; and
- Treat patients who have no insurance or who are not eligible for financial assistance for dental treatments; and
- May not receive remuneration directly or indirectly for providing dental or dental hygiene services.
- Practice and perform under the supervision of a licensed dentist as follows:
  - **Volunteer Dentist and Dental Specialist License** must have either a licensed dentist with an unrestricted license is available on the premises; **or** reviewing every thirty (30) days with a local licensed dentist the cases of all patients treated during the thirty-day period.
  - **Volunteer Dental Hygiene License** may only practice dental hygiene as defined in the statutes and regulations while under the direct supervision of a licensed dentist.

#### **Licensure Requirements:**

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

1. Held a license in good standing in SC or another state.
2. Must not have failed a Board approved clinical examination within the past five (5) years
3. Must have at least five (5) years of clinical practice as a dentist or dental hygienist.

If applicant has **NOT** actively practiced dentistry (or dental hygiene) within the past five (5) years, applicant must:

- Submit a physician's statement of mental and physical competency verifying that the applicant is able to practice dentistry/dental hygiene with reasonable skill and safety to patients.
  - Provide two (2) letters attesting to the applicant's good moral character, from dental professionals, on letterhead. The letters must be signed and dated within the last year.
  - Provide proof of completion of an infection control course, approved by the Board, within the past two (2) years.
  - If requested by the Board, appear for a personal interview; take a refresher course or re-examination.
4. A signed statement from the Program Director of an approved clinic verifying applicant's employment as a volunteer must be submitted to the Board's office.
  5. For Volunteer Dental Specialist, must be a diplomate of a national certifying Board recognized by the American Dental Association. Applicants who are not a board certified may not hold a Volunteer Dental Specialist license.

6. Currently certified in CPR.
7. Successfully pass the SC Jurisprudence Examination.

### **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; you must begin the application process from the beginning. This includes, but is not limited to, the application, 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.
  - **Notarized Verification of Lawful Presence**
  - **Clinic Program Director Statement:** a signed and dated statement attesting to the employment as a volunteer in the specified clinic.
  - **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.
  - **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.
  - **If applicant has not actively practiced within the past five (5) years:**
    - **Physician statement** – attesting to applicant’s mental and physical competency, verifying their ability to practice dentistry/dental hygiene with reasonable skill and safety to patients.
    - **Letters of recommendation** – Two letters from a dental professional on letterhead. The letters must be signed and dated within the last year.
    - **Infection Control Course** – proof of completion within the past two (2) years.
2. **Documents to be sent directly to the Board from issuing agency/institution**
  - **License Verifications:** Contact each state board you are currently or have previously been licensed with and have the license verification mailed or emailed directly to the Board office at the above address. Copies of licensure cards/certificates are not accepted.
  - **American Board Certificate:** You must request a certified copy of the certificate be sent to the Board.
3. **Jurisprudence Examination:** Once our office receives the application, 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>.