



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Dentistry

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[www.llronline.com/POL/Dentistry/](http://www.llronline.com/POL/Dentistry/)



APPLICATION FOR REGISTRATION  
DENTAL TECHNICIAN OR ORTHODONTIC TECHNICIAN

Dental Technician Registration

Orthodontic Registration

Include with your application:

- Check or money order in the amount of \$100 made payable to: LLR – Board of Dentistry. Application fee is 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.
- Notarized Verification of Lawful Presence
- Copy of drivers license, state issued ID or Passport
- A 2"x2" passport style photo taken within the last 6 months
- Legal documentation for name change (marriage cert, divorce decree, court order, etc), if applicable
- Copy of Social Security Card
- 3 Letters of Reference
- Copy of CDT Certification, if applicable
- Proof of NBC Certification, if applicable
- Verification of High School diploma or equivalency
- Documentation of completion of 2 year course of study in a school for dental technology acceptable to the Board; or
- Evidence of having performed dental technology work under the direct supervision of a licensed dentist; or
- Registered dental technician for three (3) years, if applicable.

Basis for Licensure for Dental Technician:

- Registration by State Board Examination
- Registration by CDT Certification (must be current)
- Registration by Written Comprehensive Examination of the National Board for Certification in Dental Laboratory Technology (NBC)

**I. APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Mid. Int. \_\_\_\_\_ Suff. \_\_\_\_\_ Maiden: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Street/PO BOX)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Street)

Current Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Street)

Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth (City, State): \_\_\_\_\_ Gender:  Female  Male

Have you ever legally changed your name including marriage or divorce?  
If yes, you are required to enclose a copy of the legal document indicating the official change.  Yes  No

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: \_\_\_\_\_

**II. EDUCATION INFORMATION**

Dental Technology Institution must be approved by Commission on Accreditation of Dental and Dental Auxiliary programs of ADA.

Name of School	LOCATION (City and State or Country)	GRADUATION DATE	DEGREE
High School or Equivalent			
Dental Technology School, if applicable			

**III. RECORD OF REGISTRATION**

List all states in which you have been certified in or worked as a dental laboratory technician.

STATE	DATE OF REGISTRATION	LICENSE NO.	EXPIRATION DATE

**IV. PERSONAL HISTORY INFORMATION**

Please answer all questions. You must attach a written explanation for any “Yes” answers.

- Have you ever had an application for a license / registration in any health care profession refused or denied by any dental licensing board, health care facility or other entity?  Yes  No
- Have you ever had any written complaint, formal accusation, final order, disciplinary action or consent order filed against you by any person, jurisdiction, or dental board?  Yes  No
- 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
- 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
- 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
- Have you ever voluntarily surrendered a license or registration?  Yes  No

**V. DENTAL TECHNOLOGY PRACTICE HISTORY**

List the past five (5) years of training or practice/work history. Explain any intervals where you were not in training or practicing dental technology. (Attach additional sheet(s) if necessary)

FROM Month / Yr	TO Month / Yr	DENTIST / EMPLOYER NAME	OFFICE ADDRESS & LOCATION	TYPE OF PRACTICE	# HRS. / WEEK

**VII. REFERENCES**

List three (3) dentists’ names and their contact information who are writing letters of recommendations in support of your SC license application.

Dentist Name	Dentist’s Address	Dentist’s Phone Number

**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.

**Attach Photo Here**

Tape a passport-type photograph taken within the last six (6) months.

**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.

**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 Dentist 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 and Subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Notary Name

\_\_\_\_\_  
Notary Public For

\_\_\_\_\_  
Commission Expiration Date

**NOTE:**

*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.*



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)