



APPLICATION FOR REINSTATEMENT OF LICENSE/REGISTRATION

Check which type of license you are requesting reinstatement for:

- Dental License Dental Hygienist License Technician Registration
- Specialty Dental License

Include with your application:

- Check or money order made payable to: LLR – Board of Dentistry.
 - Dental License:** **\$575** (\$75 Application Fee + \$500 Reinstatement Fee)
 - Dental Hygiene License:** **\$375** (\$75 Application Fee + \$300 Reinstatement Fee)
 - Technician Registration:** **\$375** (\$75 Application Fee + \$300 Reinstatement Fee)
- A returned check fee of up to \$30, or an amount specified by law, **may** be assessed on all returned funds. Fees are non-refundable and non-transferrable.
- Notarized Verification of Lawful Presence
 - Copy of drivers license, state issued ID or Passport
 - Legal documentation for name change (marriage cert, divorce decree, court order, etc), if applicable
 - Copy of Social Security Card
 - 2x2 Passport Style Photo
 - National Practitioner Data Bank Report, if applicable

Dental and Dental Hygienist Applicants also need to provide the following:

- Current CPR Certification- visit the Board website under FAQ for a list of Board approved courses
- Proof of immunization against Hepatitis B Virus

SC License/Registration Number: _____

Year Lic/Reg was originally issued: _____ *Year Lic/Reg was last renewed: _____

*Date you last practiced in SC (MM/DD/YR): _____

* If your SC license/registration has been inactive or expired for six (6) or more years, you may be required to complete a Board-approved re-entry program.

I. APPLICANT INFORMATION:

Name: _____ Maiden: _____
(Last, First, Middle, and Suffix)

Preferred Mailing Address: _____
(Street/PO BOX, City, State, Zip)

Home Address: _____
(Street, City, State, Zip)

Current Office Address: _____
(Street, City, State, Zip)

Phone: _____ Business Phone: _____ Date of Birth: _____

Email Address: _____ Social Security Number: _____

Since you were last actively licensed in SC, have you legally changed your name including marriage or divorce?
Yes No

If yes, you are required to enclose a copy of the legal document indicating the official change.

II. JURISPRUDENCE EXAM:

You will need to complete the SC Jurisprudence Exam before your license will be reinstated. You will receive a Username and Password to take the exam online.

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

If yes, explain: _____

III. 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 State Board and request a License Verification to be mailed directly to our Board at the above listed address. We will accept a state board issued form. Attach an additional sheet if needed.

State	Date of Licensure	License No.	Expiration Date	Basis for Licensure (State Exam, Regional Exam, National Exam, Credentials)

IV. NATIONAL PRACTITIONER DATA BASE:

If you have been licensed in another state, 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.

V. DENTAL PRACTICE HISTORY:

List all activities relating to dentistry chronologically in the past six (6) years. 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: _____

VI. 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? If yes, how many? _____ 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. **Dentist Only:** Have you ever voluntarily surrendered your license, control substance registration or DEA registration? YES NO
- 8. **Dentist Only:** 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

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.

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)