

APPLICATION FOR LIMITED CONTROLLED SUBSTANCES REGISTRATION
DENTAL RESIDENT

PART I - CERTIFICATION BY APPLICANT

I, _____, certify that I am a licensed dentist in the State of _____, and currently possess a valid and current license to practice Dentistry in that State, having been assigned registry number _____ by the licensing board of that State. I further certify that I am a bona fide full-time resident in a General Practice Residency Program in the Department of Dental Education, Prisma Health Richland.

Signature of Applicant

Sworn to and subscribed before

me this ____ day of _____

at _____, S. C.

Notary Public for South Carolina

My Commission expires: _____

PART II - CERTIFICATION OF RESIDENCY

This is to certify that _____ is a resident in a General Practice Residency Program in the Department of Dental Education, Prisma Health Richland, and that such program has been approved by the Council on Dental Education of the American Dental Association.

The resident is enrolled as a full-time resident as of _____, 20____ .

The anticipated program completion date is _____, 20____ .

_____, 20____

Dean, Director of Medical Education
Department of Dental Education
Prisma Health Richland

PART III - APPROVAL BY THE SOUTH CAROLINA STATE BOARD OF DENTISTRY

This is to certify that the South Carolina State Board of Dentistry has this date approved _____ as an applicant for temporary registration under the provisions of the South Carolina Controlled Substances Act for dispensing privileges relating to use of controlled substances within the General Practice Residency Program conducted by the Department of Dental Education, Palmetto Richland Memorial Hospital.

Administrator
South Carolina State Board of Dentistry

_____, 20____