

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 postdoctoral advanced dental education program at the College of Dental Medicine of the Medical University of South Carolina.

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 full-time resident in a postdoctoral advanced dental education program at the College of Dental Medicine, Medical University of South Carolina, and that such program has been approved by the Council on Dental Education of the American Dental Association.

The applicant is enrolled in the postgraduate residency program in _____.

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

The anticipated program completion date is _____, 20 ____ .

Dean, College of Dental Medicine
Medical University of South Carolina

_____, 20____

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 postdoctoral advanced dental education program at the College of Dental Medicine, Medical University of South Carolina.

Administrator
South Carolina State Board of Dentistry

_____, 20____

**PART IV - APPLICATION FOR LIMITED REGISTRATION UNDER
SOUTH CAROLINA CONTROLLED SUBSTANCES ACT**

(Please Print or Type All Entries)

1. Name of Applicant and Address of Location to be Registered:

2. Drug Schedules: (Check All Applicable)

SCHEDULE II	SCHEDULE III	SCHEDULE IV	SCHEDULE V
<input type="checkbox"/> Narcotic	<input type="checkbox"/> Narcotic	<input type="checkbox"/> All	<input type="checkbox"/> All
<input type="checkbox"/> Non-Narcotic	<input type="checkbox"/> Non-Narcotic		

3. ALL APPLICANTS MUST ANSWER THE FOLLOWING:

- A. Has the applicant been convicted of a felony or misdemeanor in this State or any other State or under any Federal offense pertaining to drugs constituting what are now defined as controlled substances? _____ If yes, attach a letter listing such conviction and the disposition of the case.
- B. Has the applicant ever surrendered any professional license, Narcotic Tax Stamp or other instrument allowing the applicant to handle drugs? _____ If yes, attach a letter of explanation, including dates and circumstances.
- C. Has any previous license, registration, or permit held by the applicant been revoked, suspended, denied or is it pending such action? _____ If yes, attach a letter setting forth the circumstances of such action.

WARNING: S.C. Code Ann. § 44-53-390(a)(4) states that any person knowingly or intentionally furnishing false or fraudulent material information or omitting any material information from any application required to be filed by the Act is subject to imprisonment for not more than 5 years or a fine of not more than \$10,000 or both, except that if such person is a corporation, the fine shall not be more than \$100,000.

4. REGISTRATION CONDITIONS

PREAMBLE: The regulation of Controlled Substances as provided for by S.C. Code Ann. §§ 44-53-110, *et seq.*, represents an urgent public interest. If the law is to be properly enforced and inspection made effective, inspections without warrant must be deemed reasonable official conduct. The Registrant has chosen to engage in a pervasively regulated business, with the knowledge that his business records, supplies and inventories of controlled substances will be subject to investigation.

CONDITIONS:

- A. Registrant's business premises shall be subject to inspection without a warrant by authorized Drug Inspectors during normal business hours for the reasons contained in S.C. Code Ann. § 44-53-500(b)(4), such inspection to encompass the conduct of accountability audits of supply and inventory of controlled substances, if necessary.
- B. Registration of dental registrants holding a license to practice dentistry in a State other than the State of South Carolina shall be on a limited basis as follows:
- (1) Such registration shall be valid only for the length of time that the registrant is enrolled in the approved training program for which this limited registration is granted.
 - (2) Such registration shall confer the privilege for legitimate dental use only of controlled substances within the environs of the Medical University of South Carolina, its pharmacies, hospitals, and clinics and shall NOT confer the privilege to dispense or prescribe controlled substances outside of those environs.
 - (3) Such registration shall expire on the first day of April of the year following the original registration.
 - (4) That the Registrant (Applicant) shall notify the Bureau of Drug Control, SCDHEC, 2600 Bull Street, Columbia, SC 29201, not less than 30 days prior to the completion of the residency program for which the limited registration is granted, of such impending completion and shall proceed to terminate such registration in an orderly and lawful manner: and,
 - (5) That upon the applicant's licensure by the South Carolina State Board of Dentistry during the period of limited registration, the applicant-registrant may, upon proper showing made to the Department of Health and Environmental Control, move to change such limited registration to permanent registration without prejudice.
- C. Registration Fee: \$125 annually.

Signature of Applicant: _____

Date: _____

MAIL WITH FEE TO: SC Department of Public Health
Bureau of Drug Control
400 Otarre Parkway
Cayce, SC 29033