

# Alabama Dental Hygiene Program Application

\*All Applications MUST be postmarked by April 30<sup>th\*</sup>

APPLICA	NT INFORMATION
Date of Application:	
Name:	SS#:
Date of Birth:	Place of Birth: (City/County/State)
Home Address:	(City/County/State)
Home Address: Street City	County State Zip
Home or Cell Phone #:	Clinic Phone #:
Email Address*:	
*Will be used for All ADHP-rela	ted correspondence to include homework assignments, etc.
Have you previously been enrolled in the ADHP?	Y N
If yes, under what name (if different than above)?_	Year
Who was your previous sponsoring dentist?	
REQUIRED IMMUN	IZATION INFORMATION
Hepatitis B Titer Verification* Date:	(Copy of documentation included)
*Must show a titer within the last 12 months showing you ca he series and submit proof of completing the series prior to a	ry immunity. If you no longer carry immunity, you must complete pplying for this program.
REQUIRED TRA	INING INFORMATION
CPR Certification Date:*CPR Certification mus	(Copy of Card/Certificate Included)  The taken in-person.
Infectious Disease Training Date:	(Copy of Documentation Included)

The Board of Dental Examiners of Alabama is an Equal Opportunity employer and does not discriminate on the basis of disability, race, sex, national origin, or religion in the employment or in the provision of or the access to its programs, services, or activities.

### **EDUCATION**

High School:			Graduation Year	••
Name	City	State		
<ul> <li>If Homeschooled, approving orga</li> </ul>	nization:			
Accredited by State:	Y	N		
<ul> <li>If GED, program administered by</li> </ul>	/:			
Completion Date:	Name li	sted on transcript:		
College:Name			Graduation Year	r:
Name	City	State		
Have you graduated from a CODA-appro	oved Denta	1 Assisting Program?	Y	N
• If yes, where?			Graduation Year	r:
DOCUMENTATIO	N OF DI	CADILITY DELATE	D MEED(a)	
DOCUMENTATIO	N OF DI	SABILITY-RELATE	D NEED(S)	
If you have a disability and require a physician's signature to this application		· •		entation with
R	EQUIRE	D QUESTIONS		
<ol> <li>Are you a citizen of the United St</li> <li>a. If no, provide copy of pro-</li> </ol>		gration status with your app	Y lication.	N
Have you ever been arrested or co     a. If yes, please explain:	onvicted of	any criminal offense?	Y	N
3. Have you been diagnosed or recea.  a. If yes, date/location of tree.				N
4. Have you ever been diagnosed wi			Y	N
5. Have you ever held any dental-re a. If yes, provide license #, s			Y	N
b. Are there any pending or fin	nal disciplin	nary actions against this lice	ense? Y	N

#### **REQUIRED REFERENCES**

#### **Instructions:**

Each reference should be a personal or professional reference who has known you for at least 2 years. Once completed, this document shall be submitted with the application.

#### Reference I

Certificate of l	Moral Charact	er for ADHP-Appl	icant:		
I,		, h	nave personally kn	own the above liste	ed ADHP-Student for at
least	_ years. I knov	w him/her to be of	good moral chara	cter and hereby rec	ommend him/her to the
Board of Dent	al Examiners of	of Alabama as wor	thy of the privilege	of practicing denta	l hygiene in the State of
Alabama.					
Signature			Refere	ence's Occupation	
Reference Nar	me:			Phone #:	
Address:					
	Street	City	County	State	Zip

#### **REQUIRED REFERENCES**

#### **Instructions:**

Each reference should be a personal or professional reference who has known you for at least 2 years. Once completed, this document shall be submitted with the application.

#### Reference II.

Certificate of Moral Character for AD	OHP-Applicant:	
I,	, have personally	known the above listed ADHP-Student for at
least years. I know him/he	er to be of good moral cl	naracter and hereby recommend him/her to the
Board of Dental Examiners of Alabar	na as worthy of the privil	lege of practicing dental hygiene in the State of
Alabama.		
Signature	Re	eference's Occupation
Reference Name:		Phone #:
Address:		
Street	City County	State Zip



# **SPONSORING DENTIST**EMPLOYMENT VERIFICATION FORM

Name of ADHP Student:			
Name of Sponsoring Dentist:			
ADHP-Instructor Certification No.:			
Direct email address of sponsoring dentist:			
Clinic Name:			
Clinic Address: Street			
Street	City	State	Zip
Phone Number:			
The above applicant is employed as a <u>chain</u>	ir-side dental assis	stant:	
Full Time(30+ hours/week)	Part-Time	(less than 30 hou	ars/week)
Dates of Employment as a <u>chair-side dent</u>	al assistant:		
Start Date	End Dat	e	
Start Date Month/day/year	<del>_</del>	eMonth/day/yea	r
By my signature, I affirm that the above may be asked to submit additional documentation			
verification.			
vermeation.			
Signature of Sponsoring Dentist		Date	
(Must be original signature not stamped)			

# PREVIOUS EMPLOYMENT VERIFICATION FORM

#### **Instructions:**

Complete this form for any dentist that you've worked for as a <u>chair-side dental assistant</u> in the 3 years PRIOR to the date of your application, if different than your sponsoring dentist. You may copy this page should you have more than one dentist to document.

Name of ADHP Student:			
Name of Employing Dentist:	I	Email address:	
Clinic Name:			
Clinic Address: Street	City	G	
Street	City	State	Zip
Phone Number:			
• The above applicant was employed as a <u>cha</u>	ir-side dental a	assistant:	
Full Time (30+ hours/week)	Part-Time	(less than 30 hour	rs/week)
Dates of Employment as a <u>chair-side dental</u>	assistant:		
Start DateMonth/day/year	End Date	Month/day/year	
By my signature, I affirm that the above pr			
may be asked to submit additional documentation to	o the Board of	Dental Examiners of	Alabama for additional
verification.			
Original Signature of Dentist		Date	
(No stamps)			



#### **Student Attestation**

In making this application, I attest I have reviewed all the requirements for applying for and participating in the Alabama Dental Hygiene Program (ADHP). I attest I will follow all applicable local, state, and federal laws, as well as all applicable board rules of the Board of Dental Examiners of Alabama.

I attest I have read and understand the ADHP Academic Integrity Policy and ADHP Handbook and agree to abide by this policy as part of my participation in this program.

All information that I have provided in this application understand all fees that are submitted with this application.	, including any attached documents, is true and factual. I ation are non-refundable and non-transferable.
ADHP-Student's Signature	
ADITI-Student's Signature	Date



### **ADHP-Instructor Agreement**

Date

I agree to provide my sponsored ADHP-student with patients, materials, and daily instruction, as required. I understand the Temporary Permit assigned to my sponsored ADHP-student requires him/her to be actively employed with my practice and only covers my sponsored ADHP-student for my practice as listed on this application. I understand my sponsored ADHP-student and I must work together a minimum of 30 hours/per week in my clinic to qualify as "actively employed."

I understand my sponsored ADHP-student must be able to complete a minimum of 150 prophylactic treatments on patients with permanent dentition, with a majority having subgingival calculus, requiring the student to learn detection and removal of calculus. I understand I am responsible for the direct supervision of my sponsored ADHP-student.

I understand I must return the Temporary Permit to the Board on the last day of class once my sponsored ADHI	Ρ-
student graduates the ADHP; does not complete the course due to academics or attendance; or, leave	es
employment with my practice.	

Signature of Sponsoring Dentist/ADHP-Instructor

#### Declaration of Citizenship and Lawful Presence of an Alien Resident

Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act 8 USC., §1621 provides that, with certain exceptions, only citizens of the United States, non-citizen nationals, non-exempt "qualified aliens", nonimmigrants, and certain aliens paroled into the United States are eligible to receive covered public state and/or local benefits. Pursuant to Ala. Code (1975), §31-13-1, et seq., aliens unlawfully present in the United States are prohibited from receiving state or local benefits. Every person applying for a local or state benefit must sign a declaration of citizenship and a resident alien's lawful presence must be verified. Further, citizenship or lawful presence must be demonstrated by providing appropriate documents for review.

Name:		
First Date of Birth:	Middle Initial	Last
S	SECTION I	
Are you a <u>citizen</u> of the United States?	YI	ESNO
If you answered "YES":  1. Provide a legible copy of 2. Complete the declaration 3. Return this form and the  If you answered "NO":	found in Section III below requested document with t	V.
1. Complete Section II and Se	ection III below	
Si	ECTION II	
Are you a lawfully present alien in the Unite	ed States:YI	ESNO
	Il be used to verify lawfur found in Section III below	
If you answered "NO":  1. Complete the declaration 2. Return this form with thi		7.
SI	ECTION III	
I declare under penalty of perjury under the documentation I provided are true and corre		
By typing my name, I attest understanding.	Date	

#### List A

#### **Documents Demonstrating US Citizenship**

- 1. Driver's license or non-driver's license identification card issued by the Alabama Department of Public Safety.
- 2. Driver's License or non-driver's license identification card issued by an equivalent governmental agency of another state within the US if the identification specifies that the person provided satisfactory proof of US citizenship.
- 3. Birth Certificate which satisfactorily verifies US citizenship by indicating birth in the US or one of its territories.
- 4. Pages of a US Passport identifying the individual and their passport number.
- 5. US Naturalization documents or Certificate of Naturalization or Certificate of Naturalization number.
- 6. Any document, method, or proof of US citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952 and subsequent amendments thereto.
- 7. Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.
- 8. Certification of birth issued by the US Department of State or consular report of birth abroad by a citizen of the US.
- 9. Certificate of Citizenship issued by the US Citizenship and Immigration Services.
- 10. Certificate of report of birth issued by the US Department of State
- 11. American Indian card (including KIC classification) issued by the US Department of Homeland Security.
- 12. Final Adoption Decree showing name and US birthplace.
- 13. Valid Uniformed Services Privileges and Identification Card.
- 14. Official US military record of service showing US birthplace.
- 15. Extract from a US hospital record of birth created at the time of the individual's birth indicating US birthplace.
- 16. Any other form of identification authorized pursuant to the *Alabama Administrative Procedure Act* by the Alabama Department of Revenue to be used to demonstrate an individual's US citizenship or legal presence. Said identification must require proof of legal presence in the US as a prerequisite of issuance.

#### List B

## Documents Indicating Status of Qualified Aliens, Nonimmigrants, and Aliens Paroled into the US (for Less than One Year)

Qualified Alien \*Registration Documents

Evidence of "Qualified Alien Status" includes:

- Alien Lawfully Admitted for Permanent Residence.
- Form I-551 (Alien Registration Receipt Card, also known as a "Green Card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on Form I-94

#### Alien Declared a Battered Alien Subject to Extreme Cruelty

• US Citizenship and Immigration Service Petition and supporting documentation

#### Alien Granted Conditional Entry

- Form I-94\* annotated with stamp showing grant of asylum under Section 203(a)(7) of the I.N.A.
- Form I-688B\* (Employment Authorization Card) annotated "274.a12(a)(3)"
- Form I-766\* (Employment Authorization Document) annotated "A3"

#### Alien Paroled into the US for at least One Year

 Form I-94\* with stamp showing admission for at least one year under Section 212(d)(5) of the

I.N.A. (Individual may not aggregate periods of admission for less than one year to meet the one-year requirement)

#### Alien Whose Deportation was Withheld

- Form I-688B\* (Employment Authorization Card) annotated "274.a12(a)(10)"
- Form I-766\* (Employment Authorization Document) annotated "A10"
- Order of an immigration judge showing deportation was withheld under Section 243(h) of the I.N.A. as in effect prior to April 1, 1997, or removal withheld under Section 241(b)(3) of the I.N.A.

#### <u>Asylee</u>

- Form I-94\* annotated with stamp showing grant of asylum under Section 208 of the I.N.A.;
- Form I-688B\* (Employment Authorization Card) annotated "274.a12(a)(50)";
- Form I-766\* (Employment Authorization Document) annotated "A5";
- Grant Letter from the Asylum Office of the US Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum

#### Refugee

- Form I-94\* annotated with stamp showing admission under Section 207 of the I.N.A.;
- Form I-688B\* (Employment Authorization Card) annotated "274.a12(a)(3)"; or
- Form I-766\* (Employment Authorization Document) annotated "A3".

#### Cuban / Haitian Entrant

- Form I-551 (Alien Registration Receipt Card, also known as a "Green Card") with the code CU6, CU7, or CH6
- Unexpired Temporary I-551 stamp in foreign passport or on Form I-94\* with the code CU6 or CU7
- Form I-94 with stamp showing parole as "Cuban/Haitian Entrant" under Section 212(d)(5) of the I.N.A.



# Alabama Dental Hygiene Program Student Application

### **CHECKLIST**

(Please mark each item as completed.)

to ens	P: All boxes on the below checklist are to be marked, upon completion. The checklist must be signed ure that you've completed all the required documentation <u>prior</u> to you submitting this application! plete applications will be denied. All fees are non-refundable/non-transferable.
	I will mail the completed application to:  BDEAL, 2229 Rocky Ridge Road, Birmingham, AL 35216.
	I have paid the \$300 application fee by check or money order. I acknowledge this fee is non-refundable/non-transferable.
	I have attached the following required documents to this application:
	<ul> <li>Passport Photo of applicant</li> <li>CPR Training</li> <li>Infectious Disease Training</li> <li>Accredited High School Transcript/GED or Home School Transcript, or college transcript</li> <li>Hepatitis B Positive Titer Documentation</li> <li>Employment Verification Form(s)</li> </ul>
	I have completed the B & B Background Check Report: B & B Background
	I understand the employment requirements must be met <u>on or before</u> the date of my application (e.g., minimum 24 months of full-time, <u>employed</u> dental assisting or approved equivalent within the preceding 36 months before the date of my application).
	I understand I must have a Hepatitis B titer with positive immunity within the last 12 months with documentation completed <u>on or before</u> the date of my application.
	I have reviewed all of the information concerning the ADHP to include my responsibilities and the responsibilities of my sponsoring dentist. I have personally accessed the ADHP site on the Board's website ( <a href="www.dentalboard.org/ADHP">www.dentalboard.org/ADHP</a> ) to review this information.
	I understand the remainder of the tuition and student resource packet (\$2935.00) will have to be paid by May 15, 2024, once you receive an application approval email.
	My sponsoring dentist has checked my application packet for completeness and has signed this checklist in acknowledgement.