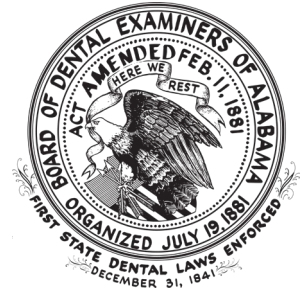


# Special Teaching Permit & Teaching Permit



## APPLICATION

### SPECIAL TEACHING Permit

\$300.00  
(Mark appropriate)

### TEACHING Permit

\$250.00  
(Mark appropriate)

### Application Instructions

- Complete the application.
- Confirm with your educational institution that a Letter of Request has been submitted by UAB.
- Make check/money order payable to: **Board of Dental Examiners of Alabama**
- If paying by check, mail the payment to:  
**BDEAL, 2229 Rocky Ridge Road, Birmingham, AL 35216**

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## PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Office Address: \_\_\_\_\_  
Street City State Zip

Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\*I request my OFFICE  HOME  address be used as my public contact by the Board. \*

(Check appropriate)

**EDUCATION**

College/University: \_\_\_\_\_ Yr. Graduated: \_\_\_\_\_

Degree: \_\_\_\_\_ Specialty: \_\_\_\_\_

Faculty Position/Dept.: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Describe faculty responsibilities: \_\_\_\_\_

Do you participate in intramural practice or dentistry? Y  N **REQUIRED QUESTIONS**1. Are you a citizen of the United States? Y  N 

a. If no, submit a copy of proof of immigration status with your application.

2. List all states in which you hold a dental license: \_\_\_\_\_

3. Are there any actions pending or have any actions been taken against your dental license, in any state, you have NOT reported to our Board? Y  N 

a. If yes, provide a full explanation with your application.

4. Have you ever been arrested or convicted of any criminal offense? Y  N 

a. If yes, please explain: \_\_\_\_\_

5. Have you undergone any treatment for substance/alcohol abuse? Y  N 

a. If yes, date/location of treatment and type of treatment: \_\_\_\_\_

6. Have you ever been diagnosed with a contagious or infectious disease? Y  N 

a. If yes, please explain: \_\_\_\_\_

7. Have you received the Hepatitis vaccination? Y  N **ATTESTATION OF UNDERSTANDING**

I hereby certify and acknowledge I have reviewed and completed this application. I certify and acknowledge all the information provided in this application is true and correct and I further acknowledge and understand the Board is relying upon the truthfulness of this information in the issuance of the permit. I certify and acknowledge that I am familiar with and will abide by the provisions of the Alabama Dental Practice Act and any applicable administrative rules.

\_\_\_\_\_  
Signature (By typing my name, I attest understanding.)\_\_\_\_\_  
Date