Date Received:	Date Review Completed:

Military/Spouse Portability License

APPLICATION

Application Instructions	(Mark Appropriate License)
• Fully complete the application and attach required documents • Review checklist for completeness PRIOR to submission. • Email the application to licensing@dentalboard.org	**DENTIST: $50.00** **DENTAL HYGIENIST: $50.00**

PERSONAL INFORMATION

Name:_____ SS#:_____

Date of Birth:_____ Place of Birth:_____
City State

Home Address:_____
Street City County State Zip

Home Phone:_____ Cell Phone:_____

Office Address:_____
Street City County State Zip

Office Phone:_____ Email:_____

I request the address above to be used as my public address (Check): **OFFICE** **HOME**

If you will not be self-employed, list your employer:_____

LICENSURE INFORMATION

Applicant holds a license as a: ☐ DENTIST ☐ DENTAL HYGIENIST

License No._____ License State:_____

REQUIRED TRAINING/IMMUNIZATION INFORMATION

Hepatitis B Titer Verification Date: _____(Copy of Documentation Included) *(Must show a titer within the last 12 months showing you carry immunity. If you no longer carry immunity, you must complete the series and submit proof of completing the series prior to applying for this program.)*

CPR Certification Date:_____(Copy of Card/Certificate Enclosed)

Infectious Disease Training Date:_____(Copy of Documentation Enclosed)

QUALIFICATIONS

(To qualify for this licensure, the applicant must meet all of the below)

Applicant holds a current dental/dental hygiene license	☐ YES	☐ NO
Applicant is in good standing with the above licensing state	☐ YES	☐ NO
Applicant has been actively licensed and practicing dentistry at least 2 years prior to their military orders to permanently move to the state of Alabama	☐ YES	☐ NO
Applicant's new residence is within the state of Alabama	☐ YES	☐ NO

ATTESTATION

I,_____, attest that all the information provided on this application is true and correct. I understand that I, as a Service-Connected Practitioner, have received Permanent Change of Station (PCS) orders to report to the state of Alabama.

I understand that this application only applies to my dental or dental hygiene license. I understand that I am required to renew this license annually at the current renewal rate established by the Board, as well as maintain all required continuing education and upload documentation of my continuing education to the CE Broker platform.

I understand that I must follow current state application procedures (to include required fees) to obtain a state controlled substance permit, dental hygiene infiltration permit, oral conscious sedation permit, parenteral sedation permit, and/or general anesthesia permit.

I understand that I must follow the scope of practice as defined by the Alabama Dental Practice Act and associated administrative codes (For dentists, see Code of Ala. 1975, §34-9-6; for dental hygienists, see Alabama Administrative Code, r. 270-X-3-.10). I understand that with this license, I will fall under the jurisdiction of the Board of Dental Examiners of Alabama.

I understand that if my qualifying license ceases to be in Good Standing, I move my residence outside the state of Alabama, or I cease to be a Service-Connected Practitioner (to include through divorce), this license, by operation of law, will terminate automatically and immediately.

_____ _____

Applicant Date

APPLICATION CHECKLIST

Ensure that you have completed all of the below items BEFORE sending this application to our Board for processing. All fees are non-refundable.

_____Fully Completed Application

_____Copy of Current, Active License from Licensing State

_____Copy of Orders Showing Moving to Alabama

_____Letter of good standing from current state of licensure

_____Complete Online Payment https://bdeal.igovsolution.net/Feefine/pay/

_____HepB Titer Verification (must be within 12 months preceding this application show positive immunity)

_____CPR Certificate/Card

_____Infectious Disease Training Certificate

_____Completed background check: B & B Background Check

_____Employment verification showing actively licensed and practicing dentistry at least 2 years prior to military orders to permanently move to the state of Alabama.

_____Verification of new residence within the state of Alabama

Email application to: licensing@dentalboard.org