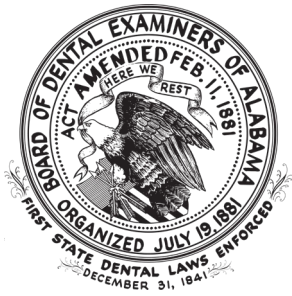


Date Received	Payment Enclosed	Assigned Permit #
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Alabama Dental Hygiene Program

Instructor Certification

Application

October 25, 2024
 Coastal Alabama Community College
 Centennial Hall, Giddens Auditorium
 440 Fairhope Avenue
 Fairhope, AL 36532
 \$75.00
DEADLINE: 10/15/2024

OR

February 9, 2025
 UAB-Alumni Weekend
 Hyatt-Regency (Hoover, AL)
 \$75.00
DEADLINE: 01/27/2025
 (Mark appropriate)

Application Instructions

- Choose/mark which class you are attending from the above choices.
- Complete application and attach fee (check/money order) due on/before above deadline.
 - **NOTE:** All fees are non-refundable/non-transferable
 - **NOTE:** WALK-UP'S or WALK-IN's will not be allowed!
- If applying by mail, mail completed application/fee to: BDEAL, 2229 Rocky Ridge Road, Birmingham, AL 35216

INSTRUCTOR APPLICANT INFORMATION

Name: _____ **License #:** _____ D. _____

Dentist* email address: _____
*To be used for all ADHP-related correspondence

Practice Name: _____

Practice Address: _____
Street City State Zip

Practice Phone: _____ **Business Hours:** _____

Practice Classification: PRIVATE INSTITUTIONAL MILITARY ASSOCIATE
(Mark One)

Area of Practice: GENERAL PEDO PERIO ORTHO OTHER: _____
(Mark One)

ADHP STUDENT-HYGIENIST INFORMATION

Sponsored Student's Name: _____

GENERAL INFORMATION

1. Number of hours per week you practice at the above clinic. _____
2. Will your ADHP student-hygienist practice at this location? Y N
3. Will your ADHP student-hygienist complete the required 150 prophylactic patient treatments at this practice/location? Y N
4. Will the prophylactic patients have permanent dentition and have subgingival calculus allowing your student to become proficient in the detection and removal of this calculus?
Y N
5. Are there any other actively certified ADHP-Instructors at this clinic? Y N
 - a. If yes, please list names and license #s: _____

6. Do you practice at any other clinic? Y N
 - a. If yes, please list name, address, phone, and business hours of this clinic(s): _____

 - b. Number of hours per week you practice at this clinic location _____
7. Will any other currently enrolled ADHP student-hygienist train at the above primary clinic other than your student? Y N
 - a. If yes, please list student's name and sponsoring dentist: _____

ATTESTATION

I attest that all the information I have provided on this application is true and correct. I have reviewed all the requirements for participation in the Alabama Dental Hygiene Program and will ensure that my sponsored student and I abide by those requirements.

ADHP-Instructor Applicant Signature

Date