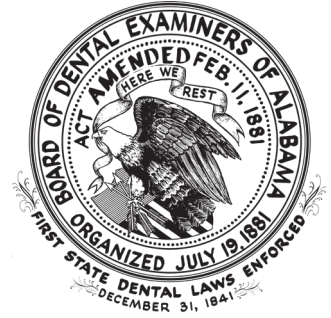


# Dental Hygiene Infiltration Anesthesia Permit Application



DENTAL HYGIENE LICENSE #  
H.

Infiltration Anesthesia Permit  
\$100.00

## Application Instructions

- Complete the application and attach required documents.
- If you need additional space, use additional pages (date and initial additional pages)
  - Please send your check to BDEAL 2229 Rocky Ridge Road, Birmingham, AL 35216
- **NOTE:** Review attached checklist and confirm completeness before submission

## PERSONAL INFORMATION

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

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

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

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

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

## REQUIRED QUESTIONS

1. Have you been actively engaged in providing Dental Hygiene in the 12 months immediately preceding this application? **Y** **N**
2. Have you completed the required training for this permit? **Y** **N**  
(See Code of Ala. (1975) §34-9-60.1)

## REQUIRED TRAINING

(Mark Appropriate)

- **Minimum thirty-two (32) hours of training in the administration of infiltration anesthesia in a Board-approved course. (provide documentation)**

Course Name: \_\_\_\_\_

Presenter: \_\_\_\_\_ Date Completed: \_\_\_\_\_

- **I received certification in infiltration anesthesia by a Board-approved entity/organization. (provide documentation)**

Course Name: \_\_\_\_\_

Presenter: \_\_\_\_\_ Date Completed: \_\_\_\_\_

## ATTESTATION OF EMPLOYING DENTIST

**The applicant must upload a document signed by dentist/employer verifying she/he has worked full-time (30+ hours/week) as a dental hygienist in the twelve (12) months immediately preceding the date of this application.**

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## ATTESTATION OF APPLICANT

I hereby attest that I have reviewed and fully completed this application, to include attachments of any required documentation and fees. I attest that I am currently licensed to practice dental hygiene in the State of Alabama. I attest that all the information provided in this application is true and correct and I further acknowledge and understand that the Board is relying upon the truthfulness of this information in the issuance of this permit.

I hereby attest that I have personally reviewed all applicable provisions of the Alabama Dental Practice Act and Alabama Administrative Code (Board Rules) pertaining to this permit.

I attest that any falsifications, omissions, or withholding of information of facts concerning my qualifications as an applicant shall be sufficient grounds to bar me from this or any future application requests to the Board of Dental Examiners of Alabama. I attest that any falsifications, omissions, or withholding of information of facts concerning my qualifications as an applicant shall be sufficient grounds for disciplinary action up to and to include revocation of my Alabama Dental License if it is not discovered until after issuance.

By typing my signature below and submitting this application. I affirm that I have personally reviewed all of the information contained within this application, as well as any/all documents uploaded for this application, and affirm it to be true and factual. I also acknowledge that any/all fees submitted with this application are non-refundable and non-transferable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Checklist for Completion

**Complete application and required documents.**

**Check or money order**

**Copy of training for hygiene infiltration**

**Proof of active employment for last twelve months by employing dentist.**