



# Retired/Physically Disabled License APPLICATION



**This application must be renewed annually.**

AL Dental/Hygiene License #: \_\_\_\_\_

New Application \_\_\_\_\_ Renewal \_\_\_\_\_

- Complete the application and submit with a photo ID showing your date of birth.
  - If applying for “Disabled” status, include a letter from your physician documenting disability.
- Email the completed application to: [licensing@dentalboard.org](mailto:licensing@dentalboard.org)
- **NOTE:** To renew this license, you must submit this application annually.

## PERSONAL INFORMATION

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

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

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

### Retired or Physically Disabled Request

- My current license is in good standing with the Board. Y    N
- I am retired and do not practice dentistry or dental hygiene for compensation. Y    N
- I have attained the age of 65 years by October 1<sup>st</sup> of the license renewal year for which the fee waiver is requested. Y    N
- I have a documented malady or disease (regardless of my age), reasonably permanent in nature, that causes me to be unable to practice dentistry or dental hygiene for more than 10 hours per week. Y    N
- I understand the annual registration fee waiver applies only to the annual renewal fee\* applicable to the license to practice dentistry or dental hygiene. Y    N  
 (\*It does not apply to any other license or permit, fee, tax, or assessment.)

### Continuing Education Deferral

I would like to apply for a continuing education deferral. I understand that if I return to a full, active license, I will be required to obtain all past continuing education hours. Y    N

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date