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## Licensure by Credentials

### Application Fee:

**Dentists:                    \$2,500.00**

**Dental Hygienist:        \$1,400.00**

Thank you for your interest in applying for Licensure by Credentials with the State of Alabama. Eligibility to apply for this licensure is defined in the Alabama Dental Practice Act and accompanying Administrative Code (Board Rule), both of which can be found on our website at [www.dentalboard.org](http://www.dentalboard.org). Below are the specific sites:

- Ala. Code (1975), §34-9-10 (Alabama Dental Practice Act)
- Alabama Administrative Code, r. 270-X-2- .19

Once you have reviewed and confirmed your eligibility, fully complete the application, and review the checklist located on the last page to ensure that you are submitting all required information and documentation. Should you have any questions regarding this application, please contact our Licensing Specialist by email at [licensing@dentalboard.org](mailto:licensing@dentalboard.org).

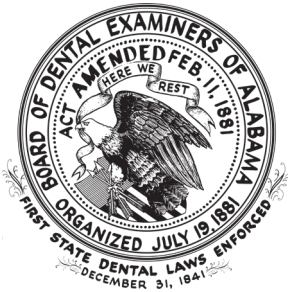
Once your application has been processed, you will be contacted to take the Jurisprudence Examination covering the Alabama Dental Practice Act and Alabama Administrative Code. The exam will be taken online.

**Note:**                    Make all certified checks/money orders payable to:

**Board of Dental Examiners of Alabama**

**Mail to:**                Board of Dental Examiners of Alabama  
c/o Licensing Specialist  
2229 Rocky Ridge Road  
Birmingham, AL 35216

Date Received: _____	Date Review Completed: _____	Accepted _____ Denied _____ (Circle One)
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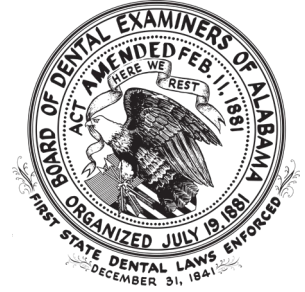


# Dental/Dental Hygiene

## License

By

## CREDENTIALS APPLICATION



### Application Instructions

- Complete the application and attach required documents.
- If you need additional space, attach additional pages.
- Make check/money order payable to: **Board of Dental Examiners of AL**
- Mail the completed application and fee to:  
**BDEAL, 2229 Rocky Ridge Road, Birmingham, AL 35216**
- **NOTE:** Review checklist and confirm completeness BEFORE submission

**DENTIST**   
**(\$2,500.00)**

(Check appropriate)

**DENTAL HYGIENE**   
**(\$1,400.00)**

### PERSONAL INFORMATION

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

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_  
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: \_\_\_\_\_

### 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)

**LOCATION HISTORY (Previous 5 years)**

Dates From-To	Address	Home/Employer (mark)				Occupation if Employer
			R		E	
			R		E	
			R		E	
			R		E	
			R		E	
			R		E	
			R		E	

**EDUCATION HISTORY**

1. List the college/university/program where you obtained your associate degree, undergraduate degree, and/or Dental Hygiene certification:

College/University/Program	Degree/Certification	Year Graduated

2. List all Dental Schools that you have attended (Dentist Only):

College/University	Degree	Year Graduated

**DENTIST ONLY**

1. Have you ever practiced Parenteral Sedation or General Anesthesia?  Y  N  
 a. If yes, have you had any instances of morbidity or mortality?  Y  N  
 b. If yes to "a", provide a full written explanation with this application.  
 2. Have you ever possessed a DEA registration number?  Y  N  
 a. If yes, provide the following information:

DEA No.	Issue Date	Expiration Date	Location Attached

**REQUIRED QUESTIONS (Check)**

1. Are you a citizen of the United States?  Y  N  
 a. If no, provide copy of proof of immigration status with your application.

2. Have you ever held public office or a member of any profession or organization?  Y  N
- a. If yes:
- i. Have you ever been suspended/disqualified?  Y  N
- ii. Have you ever been reprimanded, censured, or disciplined?  Y  N
- iii. Do you have any pending complaints/proceedings against you?  Y  N
3. Have you ever held a bonded position?  Y  N
- a. If yes, what was the nature of the position, dates, amount of bond. \_\_\_\_\_
- b. Has anyone sought to recover on your bond or to cancel your bond?  Y  N
4. Have you ever been disciplined, suspended, and/or expelled from any college/ university?  Y  N
5. Have you ever served in the US Armed Forces?  Y  N
- a. Branch: \_\_\_\_\_ Dates of service: \_\_\_\_\_
- b. Service # \_\_\_\_\_ Type of Separation: \_\_\_\_\_
- c. If other than honorable discharge, provide a full written explanation.
- d. If you received any disciplinary action, whether formal or informal, while serving in the US Armed Forces, provide a full written explanation.
6. Have you ever been arrested or convicted of any criminal offense?  Y  N
- a. If yes, please explain: \_\_\_\_\_
7. Have you ever been declared a ward of any court, adjudicated incompetent, or committed to any institution?  Y  N
8. Have you undergone any treatment for substance/alcohol abuse?  Y  N
- a. If yes, date/location of treatment and type of treatment: \_\_\_\_\_
9. Have you ever been diagnosed with a contagious or infectious disease?  Y  N
- a. If yes, please explain: \_\_\_\_\_
10. Have you been refused examinations given by another Board/testing agency?  Y  N
- a. If yes, provide Board/agency name and date: \_\_\_\_\_
11. Are there any actions pending or have any actions been taken against your dental/dental hygiene license, in any state, that you have NOT reported to our Board?  Y  N
- a. If yes, provide a full explanation with your application.
12. Have you ever been licensed to practice dentistry/dental hygiene in any other state?  Y  N
- a. If yes, provide state, license #, license issuance date, license status: \_\_\_\_\_
- b. If you have been employed as a dentist/dental hygienist, provide your employer's name, location, and dates of employment. \_\_\_\_\_
13. Upon receipt of your Alabama dental/dental hygiene license, with whom and where will you be employed?  
\_\_\_\_\_

### REQUESTED REFERENCES

**Note:** Provide two (2) character references that are not relatives or former instructors from your dental/hygiene school.

**I. Certificate of Moral Character for Applicant:** \_\_\_\_\_

I, \_\_\_\_\_, have personally known the above listed Applicant for at least \_\_\_\_\_ years and know him/her to be of good moral character and hereby recommend him/her to the Board of Dental Examiners of Alabama as worthy of the privilege of practicing dentistry/dental hygiene in the State of Alabama.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Reference's Occupation

**Reference Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

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

**II. Certificate of Moral Character for Applicant:** \_\_\_\_\_

I, \_\_\_\_\_, have personally known the above listed Applicant for at least \_\_\_\_\_ years and know him/her to be of good moral character and hereby recommend him/her to the Board of Dental Examiners of Alabama as worthy of the privilege of practicing dentistry/dental hygiene in the State of Alabama.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Reference's Occupation

**Reference Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

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

**ATTESTATION OF UNDERSTANDING**

I hereby attest that I have reviewed and fully completed this application, to include attachments of any required documentation and fees. 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 license.

I authorize the Board of Dental Examiners to secure additional information to verify any information provided by me or my references, as needed.

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**AFFIDAVIT**

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, who after being duly sworn by me on his/her oath that all facts, statements, and answers contained within this application are true and correct in every respect.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

<SEAL>

\_\_\_\_\_  
Notary Signature

My commission expires: \_\_\_\_\_

**REQUIRED AFFIDAVIT OF CLINICAL PRACTICE**  
(NOT to be completed by the applicant)

**Instructions:**

- Complete and mail to:  
**Board of Dental Examiners of Alabama**  
**2229 Rocky Ridge Road**  
**Birmingham, AL 35216**
- Applicant, provide these pages to your two (2) professional references for completion.
  - The reference is required to submit this form on your behalf. DO NOT send this form with your application.
  - If you are employed by a dental/dental hygiene school, the federal government, or a branch of the US Armed Forces, one affidavit must be completed by your dean/supervisor/commanding officer.

**AFFIDAVIT #1 OF 2**

**Applicant Name:** \_\_\_\_\_

**Reference Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

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

I, \_\_\_\_\_, the undersigned, do of my own personal knowledge make the following statements and declare them to be true. That:

- My profession is      DENTIST            (Check)       DENTAL HYGIENIST
- I have known the applicant, for the last 5 consecutive years.
- I attest to my knowledge that the applicant for the last 5 years/5,000 hours immediately preceding this application has engaged in (mark):
  - Active clinical practice of dentistry/dental hygiene
  - Full-time instructor of dental/dental hygiene education
- If I am the applicant’s dean/supervisor/commanding officer, I attest that the applicant is in “good standing”.

\_\_\_\_\_  
Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

<SEAL>

\_\_\_\_\_  
Notary Signature  
My commission expires: \_\_\_\_\_

**REQUIRED AFFIDAVIT OF CLINICAL PRACTICE**  
(NOT to be completed by the applicant)

**Instructions:**

- Complete and mail to:  
**Board of Dental Examiners of Alabama**  
**2229 Rocky Ridge Road**  
**Birmingham, AL 35216**
- Applicant, provide these pages to your two (2) professional references for completion.
  - The reference is required to submit this form on your behalf. DO NOT send this form with your application.
  - If you are employed by a dental/dental hygiene school, the federal government, or a branch of the US Armed Forces, one affidavit must be completed by your dean/supervisor/commanding officer

**AFFIDAVIT #2 OF 2**

**Applicant Name:** \_\_\_\_\_

**Reference Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

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

I, \_\_\_\_\_, the undersigned, do of my own personal knowledge make the following statements and declare them to be true. That:

- My profession is DENTIST  (Check)  DENTAL HYGIENIST
- I have known the applicant, for the last 5 consecutive years.
- I attest to my knowledge that the applicant for the last 5 years/5,000 hours immediately preceding this application has engaged in (mark):
  - Active clinical practice of dentistry/dental hygiene
  - Full-time instructor of dental/dental hygiene education
- If I am the applicant’s dean/supervisor/commanding officer, I attest that the applicant is in “good standing”.

\_\_\_\_\_  
Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

<SEAL>

\_\_\_\_\_  
Notary Signature  
My commission expires: \_\_\_\_\_



# Declaration of Citizenship and Lawful Presence of an Alien Resident

Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act 8 USC., §1621 provides that, with certain exceptions, only citizens of the United States, non-citizen nationals, non-exempt “qualified aliens”, nonimmigrants, and certain aliens paroled into the United States are eligible to receive covered public state and/or local benefits. Pursuant to Ala. Code (1975), §31-13-1, et seq., aliens unlawfully present in the United States are prohibited from receiving state or local benefits. Every person applying for a local or state benefit must sign a declaration of citizenship and a resident alien’s lawful presence must be verified. Further, citizenship or lawful presence must be demonstrated by providing appropriate documents for review.

Alabama Dental/Dental Hygiene License Number: \_\_\_\_\_(Leave blank if not applicable)

Name: \_\_\_\_\_  
First Middle Initial Last

Date of Birth: \_\_\_\_\_

## SECTION I

Are you a **citizen** of the United States? \_\_\_\_\_YES \_\_\_\_\_NO

If you answered “YES”:

1. Provide a legible copy of any document from the attached List A
2. Complete the declaration found in Section III below.
3. Return this form and the requested document with this application.

If you answered “NO”:

1. Complete Section II and Section III below

## SECTION II

Are you a lawfully present alien in the United States: \_\_\_\_\_YES \_\_\_\_\_NO

If you answered “YES”:

1. Provide a legible copy (front and back) of any documents from attached List B (provided documents will be used to verify lawful presence through the US Government)
2. Complete the declaration found in Section III below.
3. Return this form and the requested documents with this application.

If you answered “NO”:

1. Complete the declaration found in Section III below.
2. Return this form with this application.

## SECTION III

I declare under penalty of perjury under the laws of the State of Alabama that the answers and documentation I provided are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**List A****Documents Demonstrating US Citizenship**

1. Driver's license or non-driver's license identification card issued by the Alabama Department of Public Safety.
2. Driver's License or non-driver's license identification card issued by an equivalent governmental agency of another state within the US if the identification specifies that the person provided satisfactory proof of US citizenship.
3. Birth Certificate which satisfactorily verifies US citizenship by indicating birth in the US or one of its territories.
4. Pages of a US Passport identifying the individual and their passport number.
5. US Naturalization documents or Certificate of Naturalization or Certificate of Naturalization number.
6. Any document, method, or proof of US citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952 and subsequent amendments thereto.
7. Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.
8. Certification of birth issued by the US Department of State or consular report of birth abroad by a citizen of the US.
9. Certificate of Citizenship issued by the US Citizenship and Immigration Services.
10. Certificate of report of birth issued by the US Department of State
11. American Indian card (including KIC classification) issued by the US Department of Homeland Security.
12. Final Adoption Decree showing name and US birthplace.
13. Valid Uniformed Services Privileges and Identification Card.
14. Official US military record of service showing US birthplace.
15. Extract from a US hospital record of birth created at the time of the individual's birth indicating US birthplace.
16. Any other form of identification authorized pursuant to the *Alabama Administrative Procedure Act* by the Alabama Department of Revenue to be used to demonstrate an individual's US citizenship or legal presence. Said identification must require proof of legal presence in the US as a prerequisite of issuance.

## List B

### Documents Indicating Status of Qualified Aliens, Nonimmigrants, and Aliens Paroled into the US (for Less than One Year)

#### Qualified Alien

\*Registration Documents

Evidence of “Qualified Alien Status” includes:

- Alien Lawfully Admitted for Permanent Residence.
- Form I-551 (Alien Registration Receipt Card, also known as a “Green Card”); or
- Unexpired Temporary I-551 stamp in foreign passport or on Form I-94

#### Alien Declared a Battered Alien Subject to Extreme Cruelty

- US Citizenship and Immigration Service Petition and supporting documentation

#### Alien Granted Conditional Entry

- Form I-94\* annotated with stamp showing grant of asylum under Section 203(a)(7) of the I.N.A.
- Form I-688B\* (Employment Authorization Card) annotated “274.a12(a)(3)”
- Form I-766\* (Employment Authorization Document) annotated “A3”

#### Alien Paroled into the US for at least One Year

- Form I-94\* with stamp showing admission for at least one year under Section 212(d)(5) of the I.N.A. (Individual may not aggregate periods of admission for less than one year to meet the one-year requirement)

#### Alien Whose Deportation was Withheld

- Form I-688B\* (Employment Authorization Card) annotated “274.a12(a)(10)”
- Form I-766\* (Employment Authorization Document) annotated “A10”
- Order of an immigration judge showing deportation was withheld under Section 243(h) of the I.N.A. as in effect prior to April 1, 1997, or removal withheld under Section 241(b)(3) of the I.N.A.

#### Asylee

- Form I-94\* annotated with stamp showing grant of asylum under Section 208 of the I.N.A.;
- Form I-688B\* (Employment Authorization Card) annotated “274.a12(a)(50)”;
- Form I-766\* (Employment Authorization Document) annotated “A5”;
- Grant Letter from the Asylum Office of the US Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum

#### Refugee

- Form I-94\* annotated with stamp showing admission under Section 207 of the I.N.A.;
- Form I-688B\* (Employment Authorization Card) annotated “274.a12(a)(3)”;
- Form I-766\* (Employment Authorization Document) annotated “A3”.

#### Cuban / Haitian Entrant

- Form I-551 (Alien Registration Receipt Card, also known as a “Green Card”) with the code CU6, CU7, or CH6
- Unexpired Temporary I-551 stamp in foreign passport or on Form I-94\* with the code CU6 or CU7
- Form I-94 with stamp showing parole as “Cuban/Haitian Entrant” under Section 212(d)(5) of the I.N.A.

## **APPLICATION CHECKLIST**

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

Fully Completed Application (Pages 2-9), signed and notarized

Check/money order for application fee

Transcript (Official Dental or Dental Hygiene Transcript w/ degree conferred) has been ordered and will arrive under separate cover

Completed background check: [B & B Background report](#).

Required documents for citizenship verification (Page 9) (Examples pages

10-11) Copy of DEA Registration(s), if applicable (Dentists only)

Attached copy of current CPR card

Attached documentation of Infectious Disease Control training

Attached documentation of Hepatitis B Proof of Titer or Series with positive immunity

Mail application packet to:

**Board of Dental Examiners of Alabama  
c/o Licensing Specialist  
2229 Rocky Ridge Road  
Birmingham, AL 35216**