



Alabama Dental Hygiene Program Application

All Applications MUST be postmarked by April 30th

APPLICANT INFORMATION

Name: _____ SS#: _____

Date of Birth: _____ Place of Birth: _____
(City/State)

Home Address: _____
Street City County State Zip

Cell Phone #: _____ Clinic Phone #: _____

Email Address*: _____
**Will be used for All ADHP-related correspondence to include homework assignments, etc.*

Have you previously been enrolled in the ADHP? Yes No

If so, under what name _____, year _____,
and sponsoring dentist _____

REQUIRED TRAINING/IMMUNIZATION INFORMATION

Hepatitis B Titer Verification Date: _____ (Copy of Documentation Included)
(Step 1: Must show a titer within the last 12 months showing you carry immunity. Step 2: If you no longer carry immunity, you must fully complete the two dose or the three dose series and submit proof of completing the series prior to applying for this program. Both the original negative titer and proof of completion of the series must be sent if you have to do step 2.) Please see the HepB Protocol information on <https://dentalboard.org/adhp-copy-copy-2/>.

CPR Certification Date: _____ (Copy of Card/Certificate Included)
CPR Certification must be taken in-person.

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



EDUCATION

High School: _____ Graduation Year: _____
Name City State

If Homeschooled, Approving Organization _____ Accredited by State: Yes No

If GED, Program administered by: _____ Completion Date: _____

Name listed on transcript: _____

College: _____ Graduation Year: _____
Name City State

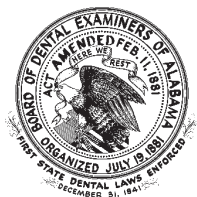
CODA-approved Dental Assisting Program: _____

***If you have a disability and require special accommodation, please add medical documentation with a physician signature to this application, including what accommodations you are requesting.**

REQUIRED QUESTIONS

- | | | |
|---|---|---|
| 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 been arrested or convicted of any criminal offense? | Y | N |
| a. If yes, please explain: _____ | | |
| _____ | | |
| 3. Have you been diagnosed or undergone any treatment for substance/alcohol abuse? | Y | N |
| a. If yes, date/location of treatment and type of treatment: _____ | | |
| _____ | | |
| 4. Have you ever been diagnosed with a contagious or infectious disease? | Y | N |
| a. If yes, please explain: _____ | | |
| _____ | | |
| 5. Have you ever held any dental-related licensure? | Y | N |
| a. If yes, provide license #, state, and status: _____ | | |
| b. If yes, is there any pending or final disciplinary actions against this license? | Y | N |

The Board of Dental Examiners of Alabama is an Equal Opportunity employer and does not discriminate on the basis of disability, race, sex, national origin, or religion in the employment or in the provision of or the access to its programs, services, or activities.



REQUIRED REFERENCES

Instructions: Each reference should be a personal or professional reference who has known you for at least 2 years.

Reference I.

Certificate of Moral Character for ADHP-Applicant: _____

I, _____, have personally known the above listed ADHP-Student for at least _____ years. I 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 dental hygiene in the State of Alabama.

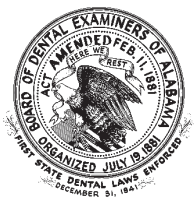
Signature

Reference's Occupation

Reference Name: _____

Phone #: _____

Address: _____
Street City County State Zip



Reference II.

Certificate of Moral Character for ADHP-Applicant: _____

I, _____, have personally known the above listed ADHP-Student for at least _____ years. I 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 dental hygiene in the State of Alabama.

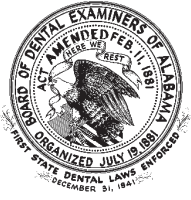
Signature

Reference's Occupation

Reference Name: _____

Phone #: _____

Address: _____
Street City County State Zip



SPONSORING DENTIST EMPLOYMENT VERIFICATION FORM

Name of ADHP Student _____

Name of Sponsoring Dentist _____

ADHP IC# _____

Personal email address of sponsoring dentist: _____

Clinic Name _____

Clinic Address _____
Street City State Zip

Phone Number: _____

- The above applicant is employed as a chair-side dental assistant:

Full Time ____ (30+ hours/week) Part-Time ____ (less than 30 hours/week)

- Dates of Employment as a chair-side dental assistant:

Start Date _____ End Date _____
Month/day/year Month/day/year

By my signature, I affirm that the above provided information is true and correct. I understand that I may be asked to submit additional documentation to the Board of Dental Examiners of Alabama for additional verification.

Signature of Sponsoring Dentist
(Must be original signature not stamped)

Date



Student Attestation

In making this application, I attest I have reviewed all the requirements for applying for and participating in the Alabama Dental Hygiene Program (ADHP). I attest I will follow all applicable local, state, and federal laws, as well as all applicable administrative rules of the Board of Dental Examiners of Alabama.

I attest I have read and understand the ADHP Academic Integrity Policy and ADHP Handbook and agree to abide by this policy as part of my participation in this program.

All information that I have provided in this application, including any attached documents, is true and factual. I understand all fees that are submitted with this application are non-refundable and non-transferable.

ADHP-Student's Signature

Date

ADHP Instructor Agreement

I agree to provide my sponsored ADHP student with patients, materials, and daily instruction, as required. I understand the temporary permit assigned to my sponsored ADHP student requires him/her to be actively employed with my practice and only covers my sponsored ADHP student for my practice as listed on this application. I understand my sponsored ADHP student and I must work together a minimum of 30 hours/per week in my clinic to qualify as "actively employed."

I understand my sponsored ADHP student must be able to complete a minimum of 150 prophylactic treatments on patients with permanent dentition only, with a majority having subgingival calculus, requiring the student to learn detection and removal of calculus. I understand I am responsible for the direct supervision of my sponsored ADHP student.

I understand I must return the temporary permit to the Board on the last day of class once my sponsored ADHP student completes the ADHP; does not complete the course due to academics or attendance; leaves employment with my practice.

Signature of Sponsoring Dentist/ADHP Instructor

Date

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.

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.

By typing my name, I attest understanding.

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

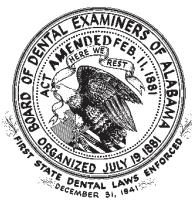
- Form I-94* annotated with stamp showing grant of asylum under Section 208 of the I.N.A.;
- Form I-688B* (Employment Authorization Card) annotated “274.a12(a)(50)”;
- Form I-766* (Employment Authorization Document) annotated “A5”;
- Grant Letter from the Asylum Office of the US Citizenship and Immigration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



Alabama Dental Hygiene Program

Student Application

CHECKLIST

(Please mark each item as completed.)

STOP: All boxes on the below checklist are to be marked, upon completion. The checklist must be signed to ensure that you've completed all the required documentation prior to you submitting this application! Incomplete applications will be denied. All fees are non-refundable.

- I will mail the completed application to: **BDEAL, 2229 Rocky Ridge Road, Birmingham, AL 35216.**
- I have paid the **\$300** application fee by check or money order. I acknowledge this fee is non-refundable.
- I have attached the following required documents to this application:
- Two 2"x2" Passport Photos
 - CPR Training
 - Infectious Disease Training
 - Accredited High School Transcript/GED or Accredited Home School Transcript or college transcript
 - Hepatitis B Documentation
 - Employment Verification Form(s)
- I have completed the B & B Background Check Report: [B & B Background](#)
- I understand all program requirements must be met on or before the date of my application (e.g., minimum 24 months of full-time, employed dental assisting within the preceding 36 months before the date of my application).
- I understand I must have met the Hepatitis B protocol. (see page 1)
- I have reviewed all of the information concerning the ADHP to include my responsibilities and the responsibilities of my sponsoring dentist. I have personally accessed the ADHP site on the Board's website (www.dentalboard.org/ADHP) to review this information.
- I understand the remainder of the tuition and student resource packet (**\$2935.00**) must be paid by **May 22, 2025**, once I receive an application approval email around the first week of May.
- My sponsoring dentist has checked my application packet for completeness and has signed this checklist in acknowledgement.

ADHP Student Applicant Signature

ADHP Instructor Signature