

# Portable Dental Unit-Permit

# Mobile Dental Unit-Permit



## Initial & Renewal Application

### PORTABLE Dental Unit

**Initial Application**

**\$750.00**

(Mark appropriate)

**Renewal**

**\$500**

### MOBILE Dental Unit

**Initial Application**

**\$750.00**

(Mark appropriate)

**Renewal**

**\$500**

### Application Instructions

- Mark appropriate permit requested.
- Complete the application and attach all required documents
- If paying by check, mail fee to: **BDEAL, 2229 Rocky Ridge Road, Birmingham, AL 35216 (online payments accepted)**

## GENERAL INFORMATION

Name of Operator(s):

\_\_\_\_\_  
\_\_\_\_\_

Official Business Title/Name for Certificate: \_\_\_\_\_

Licensed to practice dentistry in the state of Alabama

IRS tax exempt status 501(c)(3) (Attach documentation)

(Mark appropriate)

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

Business Phone: \_\_\_\_\_ Phone assigned to Mobile/Portable Unit: \_\_\_\_\_

Affiliated Dental Facility Address: \_\_\_\_\_  
Street City State Zip

Affiliated Dental Facility Address: \_\_\_\_\_  
Street City State Zip

Email Address(es) \_\_\_\_\_

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**PERSONNEL INFORMATION****Dentist (s) providing care:**

Name: \_\_\_\_\_ AL Dental License #: \_\_\_\_\_

Name: \_\_\_\_\_ AL Dental License #: \_\_\_\_\_

Name: \_\_\_\_\_ AL Dental License #: \_\_\_\_\_

**Dental Hygienist (s) providing care:**

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

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

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

**Non-licensed personnel:**

Name: \_\_\_\_\_ Role/Responsibility: \_\_\_\_\_

Name: \_\_\_\_\_ Role/Responsibility: \_\_\_\_\_

Name: \_\_\_\_\_ Role/Responsibility: \_\_\_\_\_

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**COVERAGE INFORMATION**Are you a Medicaid provider? Yes No  
(Mark appropriate)IF yes, Medicaid Number \_\_\_\_\_  
(Provide proof of Medicaid status approval for mobile/portable Unit)Name of liability carrier: \_\_\_\_\_  
(Provide proof of \$1,000,000.00 general liability insurance coverage)

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**MOBILE DENTAL unit ONLY**Is the mobile dental facility a vehicle? Yes No  
(Mark appropriate)Is the mobile dental unit a trailer/will be towed? Yes No  
(Mark appropriate)

Driver Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Driver Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_

## 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 permit.

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 I am familiar with and will abide by the provisions of the Alabama Dental Practice Act and any applicable administrative rules (board rules) in connection with the operation of a portable/mobile dental operation.

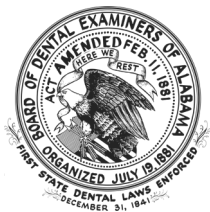
By typing my signature below and submitting this application, I affirm that I have personally reviewed all of the information contained within this application, as well as any/all documents uploaded for this application, and affirm it to be true and factual. I also acknowledge that any/all fees submitted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

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Signature of Applicant

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Date



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### Board of Dental Examiners of Alabama

2229 Rocky Ridge Road, Birmingham, AL 35216

205.985.7267

[www.dentalboard.org](http://www.dentalboard.org)

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### Documents required:

Copy of phone bill showing Portable/Mobile Unit phone has 9-1-1 capability

Medicaid Status documentation, if applicable

Liability Insurance documentation

Copy of written policies/procedures for emergency follow-up care

Copy of written policies/procedures for patients to obtain records

Copy of written policies/procedures with phone number for patient's questions

Copy of written policies/procedures and consent form for Treatment of Minor

(Mobile Dental Unit only) Copy of Vehicle registration/insurance

(Mobile Dental Unit only) Copy of Drivers' License for mobile unit driver