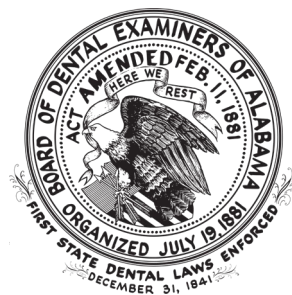


Special Teaching Permit & Teaching Permit



APPLICATION

SPECIAL TEACHING Permit

☐ \$300.00
(Mark appropriate)

TEACHING Permit

☐ \$250.00
(Mark appropriate)

Application Instructions

- Complete the application.
- Confirm with your educational institution that a Letter of Request has been submitted by UAB.
- Make check/money order payable to: **Board of Dental Examiners of Alabama**
- If paying by check, mail the payment to:
BDEAL, 2229 Rocky Ridge Road, Birmingham, AL 35216

PERSONAL INFORMATION

Name: _____ Date: _____

Date of Birth: _____ SS#: _____

Office Address: _____
Street City State Zip

Office Phone: _____ Email: _____

Home Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

*I request my OFFICE HOME ☐ address be used as my public contact by the Board. *

(Check appropriate)

EDUCATION

College/University: _____ Yr. Graduated: _____

Degree: _____ Specialty: _____

Faculty Position/Dept.: _____ Hire Date: _____

Describe faculty responsibilities: _____

Do you participate in intramural practice or dentistry? Y ☐ N ☐**REQUIRED QUESTIONS**

1. Are you a citizen of the United States? Y ☐ N ☐
 a. If no, submit a copy of proof of immigration status with your application.
2. List all states in which you hold a dental license: _____
3. Are there any actions pending or have any actions been taken against your dental license, in any state, you have NOT reported to our Board? Y ☐ N ☐
 a. If yes, provide a full explanation with your application.
4. Have you ever been arrested or convicted of any criminal offense? Y ☐ N ☐
 a. If yes, please explain: _____
5. Have you undergone any treatment for substance/alcohol abuse? Y ☐ N ☐
 a. If yes, date/location of treatment and type of treatment: _____
6. Have you ever been diagnosed with a contagious or infectious disease? Y ☐ N ☐
 a. If yes, please explain: _____
7. Have you received the Hepatitis vaccination? Y ☐ N ☐

ATTESTATION OF UNDERSTANDING

I hereby certify and acknowledge I have reviewed and completed this application. I certify and acknowledge all the information provided in this application is true and correct and I further acknowledge and understand the Board is relying upon the truthfulness of this information in the issuance of the permit. I certify and acknowledge that I am familiar with and will abide by the provisions of the Alabama Dental Practice Act and any applicable administrative rules.

Signature (By typing my name, I attest understanding.) _____

Date _____