Date Received:	Date Review Completed:	Dates Valid:	SV License No.:

Special Volunteer License
APPLICATION

Application Instructions	(Mark Appropriate License)
• Fully complete the application • Attach copy of Dental/Dental Hygiene License to application • Copy of the event with details (Must be board approved at official board meeting.) • Email the full application to licensing@dentalboard.org • Submit payment by check or money order.	**DENTIST: $50.00** **DENTAL HYGIENIST: $50.00**

APPLICANT INFORMATION

Name:_____   Date of Application:_____

Dental   or   Dental Hygiene   License #:_____   License state:_____

Contact Address:_____

Street   City   County   State   Zip

Office Phone:_____   Cell Phone:_____

Email:_____

Applicant is current in HepB vaccinations:	YES	NO
Applicant is current in BLS/CPR:	YES	NO
Applicant is current in Infectious Disease training:	YES	NO

REQUIRED EVENT INFORMATION

Alabama dentist supervising event:_____   License #:_____

Name of Custodian of Patient Records for event:_____

Event name and location:_____   Date of event:_____

ATTESTATION

I,_____, attest that all the information provided on this application is true and correct. I confirm that my above dental/dental hygiene license is in good standing, and I have no pending disciplinary actions. I understand that this Special Volunteer License is valid for a period of up to fifteen (15) days from date of issuance and shall only be used in conjunction with a board-approved charitable event.

I will not solicit or receive any renumeration in connection with the provision of services under this license other than reimbursement for actual expenses incurred.

I understand that I must follow the scope of practice as defined by the Alabama Dental Practice Act and associated administrative codes (For dentists, see Code of Ala. 1975, §34-9-6; for dental hygienists, see Alabama Administrative Code, r. 270-X-3-.10). I understand that with this license, I will fall under the jurisdiction of the Board of Dental Examiners of Alabama.

_____   _____

Applicant   Date