



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. 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.

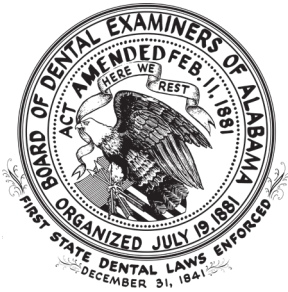
Once your application has been processed, you will be contacted to take the Jurisprudence Examination covering the Alabama Dental Practice Act and Alabama Administrative Code. The exam will be taken online.

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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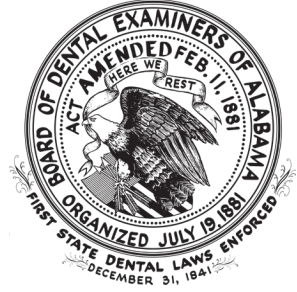


Dental/Dental Hygiene

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 Vaccination: The Centers for Disease Control recommends that all health care providers and students receive the three-dose Hepatitis B vaccination series. See Morbidity and Mortality Weekly Report Vol. 61, No. 3, p. 9 (July 6, 2012). Date vaccination series completed: _____. (Attach documentation of completion of vaccination series to this application.)

State Law requires health care workers who perform invasive procedures to self-report certain blood-borne infections to the State Health Officer. (See Ala. Code § 22-11a-60 *et seq.*; Ala. Admin. Code 420-4-3-.01.13.) I acknowledge and promise to comply with these legal requirements. _____ (initial)

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
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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. Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice dentistry in a competent, ethical, and professional manner? Y N
- If yes, please see the Wellness information: [Wellness Committee](#)
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: _____

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

Date of Birth:_____

Are you a **citizen** of the United States? _____YES _____NO

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.

1. Complete Section II and Section III below

Are you a lawfully present alien in the United States: _____YES _____NO

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.

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

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.

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 items below 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 completion of Hepatitis B vaccination series.

Mail application packet to:

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