

Board of Dental Examiners of Alabama

2229 Rocky Ridge Road, Birmingham, AL 35216

205.985.7267

www.dentalboard.org

Dental Licensure by Regional Exam

Application Fee: \$700.00

Thank you for your interest in applying for Dental Licensure by Regional Exam with the State of Alabama. To apply for this method of licensure, you must have successfully passed a regional examination within the five (5) years immediately preceding the date of your application.

The Board of Dental Examiners of Alabama currently accepts the following regional exams: ADEX (CDCA-WREB-CITA), CRDTS, and SRTA.

Please 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.

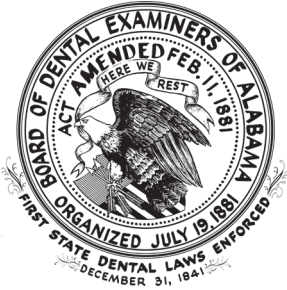
Once your application has been processed, you will be contacted to take the Jurisprudence Examination covering the Alabama Dental Practice Act and Alabama Administrative Code. The exam will be taken online.

Payment: Make all 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 (Circle One) | Denied |
|----------------|------------------------|--------------------------|--------|



Dental License

By

REGIONAL EXAM APPLICATION



Application Instructions

- Complete the application and attach required documents. Use additional pages if needed.
- If paying by check/money order address to: **Board of Dental Examiners of Alabama**
 - Mail the completed application and payment to: **BDEAL, 2229 Rocky Ridge Road, Birmingham, AL 35216**

PERSONAL INFORMATION

Name: _____ SS#: _____

Date of Birth: _____ Place of Birth: _____

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 | Residence/Employer (Check) | | | | Occupation if Employer |
|---------------|---------|-------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | R | | E | |
| | | | R | | E | |
| | | | R | | E | |
| | | | R | | E | |
| | | | R | | E | |

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 held public offices or were 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 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
 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 affects your ability to practice dentistry in a competent, ethical, and professional manner? ☐ Y ☐ N
 If yes, date/location of treatment and type of treatment: _____
9. Have you ever been diagnosed with a contagious or infectious disease? ☐ Y ☐ N
 If yes, please explain: _____
10. What is your area of specialty? _____
11. Do you work for a corporate dental group? ☐ Y ☐ N
 If yes, is the dental group owned by an Alabama licensed dentist? ☐ Y ☐ N
 Dentist Name _____ Dentist License No. _____

REGIONAL AND STATE BOARD EXAMS

| Exam Name | Exam Date | Pass/Fail |
|-----------|-----------|---|
| | | <input type="checkbox"/> P <input type="checkbox"/> F |
| | | <input type="checkbox"/> P <input type="checkbox"/> F |
| | | <input type="checkbox"/> P <input type="checkbox"/> F |

1. Have you been refused dental examinations given by another Board/testing agency? ☐ Y ☐ N
 - a. If yes, provide Board/agency name and date: _____
2. Are there any actions pending or have any actions been taken against your dental license, in any state, that you have NOT reported to our Board? ☐ Y ☐ N
 - a. If yes, provide a full explanation with your application.
3. Have you ever been licensed to practice dentistry 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, provide employer name, location, and dates of employment. _____

EDUCATION HISTORY

1. List the college/university where you obtained your undergraduate degree:

| | | |
|--------------------|--------|----------------|
| College/University | Degree | Year Graduated |
|--------------------|--------|----------------|

2. List all Dental Schools that you've attended:

| | | |
|--------------------|--------|----------------|
| College/University | Degree | Year Graduated |
|--------------------|--------|----------------|

| | | |
|--------------------|--------|----------------|
| College/University | Degree | Year Graduated |
|--------------------|--------|----------------|

| | | |
|--------------------|--------|----------------|
| College/University | Degree | Year Graduated |
|--------------------|--------|----------------|

DEA REGISTRATION

1. 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 |
|---------|------------|-----------------|-------------------|
| | | | |
| | | | |

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: _____

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 of the below items BEFORE sending this application to our Board for processing. All fees are non-refundable.

- _____ Fully Completed Application (Pages 2-7), signed and notarized
- _____ Declaration of Citizenship and Lawful Presence of an Alien Resident
- _____ Check/money order for application fee
- _____ Official Transcripts (Dental school with degree conferred) and other requested documents have been ordered and will arrive under separate cover
- _____ Completed background check: [B & B Background Check](#)
- _____ Required documents for citizenship verification (Page 8) (Examples pages 9-10)
- _____ Examination Scores
 - Date(s) of JCNDE National Board Exam Parts I, II or integrated exam (Note: *Passed* or *Failed*)
 - Dates(s) and name of testing agency of Regional Exam (Note: *Passed* or *Failed*)
- _____ Attached copy of current CPR card (must have been an in-person course)
- _____ Attached documentation of completion of training in Infectious Disease Control
- _____ Attached documentation of completion of Hepatitis B vaccination series
- _____ Attached copy of DEA registration, if applicable

Mail application packet to:

**Board of Dental Examiners of Alabama
c/o Licensing Specialist
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