Special Teaching Permit & Teaching Permit

APPLICATION

SPECIAL TEACHING Permit	TEACHING Permit
☐ **$300.00** (Mark appropriate)	☐ **$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. 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**
   a. If yes, please contact the Wellness Committee (Wellness Committee)
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