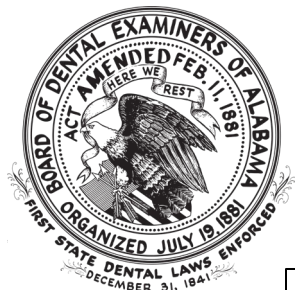


Date Received	Payment Enclosed	Assigned Permit #
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Alabama Dental Hygiene Program Instructor Certification Application

November 1, 2025

Goodwyn Hall
7061 Senators Drive
Auburn University at Montgomery
Montgomery, AL 36117

☐ \$75.00

APPLICATION DEADLINE: 10/14/2025

Application Instructions

- Complete application and attach fee (check/money order) due in the Board office on/before above deadline!
 - **NOTE:** All fees are non-refundable/non-transferable
 - **NOTE:** WALK-UPS or WALK-INS will not be allowed! No exceptions!
- Mail completed application/fee to: BDEAL, 2229 Rocky Ridge Road, Birmingham, AL 35216

INSTRUCTOR APPLICANT INFORMATION

Name: _____ License #: _____ D.

Dentist* personal email address: _____

*To be used for all ADHP-related correspondence

Practice Name: _____

Practice Address: _____

Street City State Zip

Practice Phone: _____ Business Days/Hours: _____

Practice Classification: ☐ PRIVATE ☐ INSTITUTIONAL ☐ MILITARY ☐ ASSOCIATE

(Mark One)

Area of Practice: ☐ GENERAL ☐ PEDC ☐ PERIO ☐ ORTHO OTHER: _____

(Mark One)

ADHP STUDENT-HYGIENIST INFORMATION

Sponsored Student's Name: _____

GENERAL INFORMATION

1. Number of hours per week you practice at the above clinic _____
 2. Will your ADHP student-hygienist practice at this location? ☐ Y ☐ N
 3. Will your ADHP student-hygienist complete the required 150 prophylactic patient treatments at this practice/location? ☐ Y ☐ N
 4. Will prophylactic patients have permanent dentition only and subgingival calculus allowing your student to become proficient in the detection and removal of this calculus?
☐ Y ☐ N
 5. Are there any other actively certified ADHP-Instructors at this clinic? Y N
 - a. If yes, please list names and license #s: _____

 6. Do you practice at any other clinic? ☐ Y ☐ N
 - a. If yes, please list name, address, phone, and business hours of this clinic(s): _____

 - b. Number of hours per week you practice at this clinic location _____
 7. Will any other ADHP student-hygienist train at the above primary clinic other than your student? ☐ Y ☐ N
 - a. If yes, please list student's name, sponsoring dentist's name and license #: _____

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ATTESTATION

I attest that all the information I have provided on this application is true and correct. I have reviewed all the requirements for participation in the Alabama Dental Hygiene Program and will ensure that my sponsored student and I abide by those requirements.

ADHP-Instructor Applicant Signature

Date