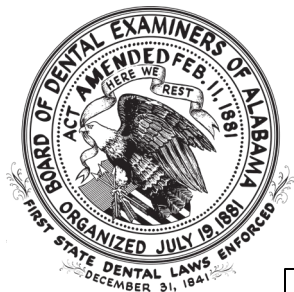


Date Received	Payment Enclosed	Assigned Permit #
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# Alabama Dental Hygiene Program Instructor Certification Application

**February 8, 2026**  
 Hyatt Regency Wynfrey Hotel  
 1000 Galleria Circle  
 Birmingham, AL 35244

☐ \$75.00

**APPLICATION DEADLINE: 1/23/2026**

## 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-INS will not be allowed! No exceptions!
- Mail completed application/fee to: BDEAL, 2229 Rocky Ridge Road, Birmingham, AL 35216

## SPONSORING DENTIST APPLICANT INFORMATION

Name: \_\_\_\_\_ License #: \_\_\_\_\_ D. \_\_\_\_\_

Dentist\* personal email address: \_\_\_\_\_  
\*Use email address not accessible by other practice members.

Practice Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_  
Street City State Zip

Practice Phone: \_\_\_\_\_ Business Days/Hours: \_\_\_\_\_

Practice Classification: ☐ PRIVATE ☐ CORPORATE

(Mark One)

Area of Practice: ☐ GENERAL ☐ PEDO ☐ PERIO ☐ ORTHO OTHER: \_\_\_\_\_  
(Mark One)

# ADHP STUDENT-HYGIENIST INFORMATION

Sponsored Student's Name: \_\_\_\_\_

## GENERAL INFORMATION

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1. Number of hours per week you practice at the above location \_\_\_\_\_
  2. Will your ADHP student-hygienist train 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 sponsoring dentists at this location? ☐ Y ☐ N
    - a. If yes, please list names and license #s: \_\_\_\_\_  
\_\_\_\_\_
  6. Do you practice at any other practice or practice location? ☐ 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 location \_\_\_\_\_
  7. Will any other ADHP student-hygienist train at your primary practice other than your student? ☐ Y ☐ N
    - a. If yes, please list student's name, sponsoring dentist's name and license #: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 

## 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.

\_\_\_\_\_  
Sponsoring Dentist Signature

\_\_\_\_\_  
Date