



Alabama Dental Hygiene Program Application

All Applications MUST be postmarked by April 30th

APPLICANT INFORMATION

Name: _____ SS#: _____

Date of Birth: _____ Place of Birth: _____
(City/State)

Home Address: _____
Street City County State Zip

Cell Phone #: _____ Clinic Phone #: _____

Email Address*: _____
**Will be used for All ADHP-related correspondence to include homework assignments, etc.*

Have you previously been enrolled in the ADHP? Yes No

If so, under what name _____, year _____,
and sponsoring dentist _____

What type is your practice? _____ Private _____ Corporate

Area of practice: _____ General _____ Pedo _____ Ortho _____ Perio

REQUIRED TRAINING/IMMUNIZATION INFORMATION

CPR Certification Date: _____ (Copy of Card/Certificate Included)
CPR Certification must be taken in-person.

Infectious Disease Training Date: _____ (Copy of Documentation Included)

(may be taken online)

ADHP SPONSORING DENTIST INFORMATION

(This page must be completed by the Sponsoring Dentist.)

Sponsored Student's Name: _____

GENERAL INFORMATION

1. Number of hours per week you practice at the location _____
Address of practice _____

2. Will your ADHP student-hygienist train at this location? Y N

3. Are there any other actively certified ADHP sponsoring dentists at this location?

Y N

If yes, please list names and license #s: _____

4. 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 _____

c. **Will your student hygienist travel with you to this practice location?**

Y N

5. 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.

ADHP-Sponsoring Dentist Signature

Date

(Must be original signature, not stamped.)



EDUCATION

High School: _____ Graduation Year: _____
Name City State

If Homeschooled, Approving Organization _____ Accredited by State: Yes No

If GED, Program administered by: _____ Completion Date: _____

If GED, official transcript attached ____ Yes ____ No

Name listed on transcript: _____

College: _____ Graduation Year: _____
Name City State

CODA-accredited Dental Assisting Program: _____
(If you graduated from a CODA accredited DA program, you must provide a copy of transcript.)

***If you have a disability and require special accommodation, please add medical documentation with a physician signature to this application, including what accommodations you are requesting.**

REQUIRED QUESTIONS

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 been arrested or convicted of any criminal offense? Y N
 - a. If yes, please explain: _____

 3. Have you been diagnosed or undergone any treatment for substance/alcohol abuse? Y N
 - a. If yes, date/location of treatment and type of treatment: _____

 4. Have you ever been diagnosed with a contagious or infectious disease? Y N
 - a. If yes, please explain: _____

 5. Have you ever held any dental-related licensure? Y N
 - a. If yes, provide license #, state, and status: _____
 - b. If yes, is there any pending or final disciplinary actions against this license? Y N
-

The Board of Dental Examiners of Alabama is an Equal Opportunity employer and does not discriminate on the basis of disability, race, sex, national origin, or religion in the employment or in the provision of or the access to its programs, services, or activities.



REQUIRED REFERENCES

Instructions: Each reference should be a personal or professional reference who has known you for at least 2 years. (References must be someone other than sponsoring dentist.)

Reference I.

Certificate of Moral Character for ADHP-Applicant: _____

I, _____, have personally known the above listed ADHP-Student for at least _____ years. I 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 dental hygiene in the State of Alabama.

Signature

Reference's Occupation

Reference Name: _____

Phone #: _____

Address: _____
Street City County State Zip



Reference II.

Certificate of Moral Character for ADHP-Applicant: _____

I, _____, have personally known the above listed ADHP-Student for at least _____ years. I 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 dental hygiene in the State of Alabama.

Signature

Reference's Occupation

Reference Name: _____

Phone #: _____

Address: _____
Street City County State Zip



SPONSORING DENTIST EMPLOYMENT VERIFICATION FORM

(This form must be completed by sponsoring dentist only.)

Name of ADHP Student _____

Name of Sponsoring Dentist _____

Dental License # _____

Personal email address of sponsoring dentist: _____
(Use email address not accessible by other practice members)

Clinic Name _____

Clinic Address _____
Street City State Zip

Phone Number: _____

- The above applicant is employed as a chair-side dental assistant:

Full Time _____ (30+ hours/week) Part-Time _____ (less than 30 hours/week)

- Dates of Employment as a chair-side dental assistant:

Start Date _____ End Date _____
Month/day/year Month/day/year

(What is the date applicant started assisting sponsoring dentist chairside full-time? _____ mo/day/yr)

By my signature, I affirm that the above provided information is true and correct. I understand that I may be asked to submit additional documentation to the Board of Dental Examiners of Alabama for additional verification.

Signature of Sponsoring Dentist
(Must be original signature not stamped)

Date

EMPLOYMENT VERIFICATION FORM

(This form must be completed by **EACH** employer you have worked for in the past 3 years other than your sponsoring dentist.)

Name of ADHP Student _____

Name of Employing Dentist: _____ Personal Email address: _____

Clinic Name _____

Clinic Address _____
Street City State Zip

Phone Number _____

- The above applicant was employed as a chair-side dental assistant:
Full Time ____ (30+ hours/wk.) Part-Time ____ (less than 30 hours/wk.)
- Dates of Employment as a chair-side dental assistant:
Start Date _____ End Date _____
Month/day/year Month/day/year

By my signature, I affirm that the above provided information is true and correct. I understand that I may be asked to submit additional documentation to the Board of Dental Examiners of Alabama for additional verification.

Original Signature of Dentist _____ Date _____

Name of ADHP Student _____

Name of Employing Dentist: _____ Personal Email address: _____

Clinic Name _____ Phone number: _____

Clinic Address _____
Street City State Zip

- The above applicant was employed as a chair-side dental assistant:
Full Time ____ (30+ hours/wk.) Part-Time ____ (less than 30 hours/wk.)
- Dates of Employment as a chair-side dental assistant:
Start Date _____ End Date _____
Month/day/year Month/day/year

By my signature, I affirm that the above provided information is true and correct. I understand that I may be asked to submit additional documentation to the Board of Dental Examiners of Alabama for additional verification.

Original Signature of Dentist _____ Date _____
(Must be original signature not stamped)



Student Attestation

In making this application, I attest I have reviewed all the requirements for applying for and participating in the Alabama Dental Hygiene Program (ADHP). I attest I will follow all applicable local, state, and federal laws, as well as all applicable administrative rules of the Board of Dental Examiners of Alabama.

I attest I have read and understand the ADHP Academic Integrity Policy and ADHP Handbook and agree to abide by this policy as part of my participation in this program.

All information that I have provided in this application, including any attached documents, is true and factual. I understand all fees that are submitted with this application are non-refundable and non-transferable.

ADHP-Student's Signature

Date

ADHP Sponsoring Dentist Agreement

I agree to provide my sponsored ADHP student with patients, materials, and daily instruction, as required. I understand the temporary permit assigned to my sponsored ADHP student requires him/her to be actively employed with my practice and only covers my sponsored ADHP student for my practice as listed on this application. I understand my sponsored ADHP student and I must work together a minimum of 30 hours/week in my clinic to qualify as "actively employed."

I understand my sponsored ADHP student must be able to complete a minimum of 150 prophylactic treatments on patients with permanent dentition only, with a majority having subgingival calculus, requiring the student to learn detection and removal of calculus. I understand I am responsible for the **direct supervision** of my sponsored ADHP student.

I understand I must return the temporary permit to the Board on the last day of class once my sponsored ADHP student completes the ADHP; does not complete the course due to academics or attendance; leaves employment with my practice. I understand that I have reviewed all information contained in this application and everything is true and accurate.

Signature of Sponsoring Dentist

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.

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.



Alabama Dental Hygiene Program

Student Application

ADDENDUM

(Please mark each item with your initials.)

1. ADHP student applicants **MUST** have had at least twenty-four (24) months of full-time employment (or at least 30 hours weekly) assisting a dentist at the chair in the 3 years immediately prior to the date of his/her application. At least twelve (12) months must have been spent assisting the dentist who will be sponsoring the student. _____ (initials)
Board Rule 270-X-3-.04
2. Any ADHP student who is in good academic standing but, due to pregnancy or maternity, becomes unable to complete the ADHP program (including inability to satisfy the continual employment requirements imposed by subsection (3)) may apply to the Board for permission to withdraw from the current ADHP session and to reenroll in the next following ADHP session, without payment of the application fee or tuition applicable to the next session.
_____ (initials) Board Rule 270-X-3-.04
3. I understand that I must provide the following information after accepted to the program, but before the first scheduled clinical session.

ADHP Clinical Participation

Before any clinical participation of a student enrolled in the ADHP is allowed, **one** of the following conditions (1), (2), or (3) must be satisfied:

1. Documentation of a positive Hepatitis B (HBV) surface antibody titer;
2. Proof of completion of any CDC-accepted Hepatitis B vaccination series (e.g., 2-dose or 3-dose schedules) and the results of a Hepatitis B surface antibody titer; *
3. Documentation of chronic HBV infection. **

* Titer results shall not affect an applicant's enrollment eligibility, nor will it result in any restriction imposed by the BDEA or ADHP. If a student lacks a positive titer prior to the commencement of clinical activities, the student will be required to have a second CDC-accepted Hepatitis B vaccination series, followed by another titer. If the student still lacks a positive titer, the student will be documented as a non-responder. ***(It is recommended for this option, to take the two (2) dose Heplisav B vaccination series which must be completed 4 weeks between doses, followed by a titer 4 weeks AFTER the series is completed. It takes a minimum of 8 weeks total for both parts to be completed. The three (3) dose series takes a minimum of seven months to complete with the additional wait time of one month before a post series titer can be administered.)***

** The BDEA shall not impose clinical participation restrictions or graduation consequences based solely on HBV status, consistent with the 2012 CDC guidelines relied upon by the Department of Justice in enforcement of the Americans with Disabilities Act (ADA), the Affordable Care Act (ACA), and Title VI of the Civil Rights Act. Enrollment does not constitute a guarantee of access to any specific external clinical training site.

I agree to comply with the Hepatitis B protocol listed above.

Signature of Applicant

Signature of Sponsoring Dentist

CHECKLIST

STOP: All boxes on the checklist below are to be marked, upon completion. The checklist must be signed to ensure that you've completed all the required documentation prior to you submitting this application! Incomplete applications will be denied. All fees are non-refundable.

- I will mail the completed application to: **BDEAL, 2229 Rocky Ridge Road, Birmingham, AL 35216.**
- I have paid the **\$300** application fee by check or money order. I acknowledge this fee is non-refundable.
- I have attached the following required documents to this application:
 - Two 2"x2" Passport sized Photos
 - CPR Training (in person only)
 - Infectious Disease Training
 - Accredited High School Transcript/GED transcript or Accredited Home School Transcript or college transcript
 - Employment Verification Form(s)
- I have completed the B & B Background Check Report: [B & B Background](#)
- I understand all program requirements must be met on or before the date of my application (e.g., minimum 24 months of full-time, employed dental assisting within the preceding 36 months before the date of my application). At least 12/24 months have been assisting the sponsoring dentist full time, chairside.
- I have reviewed all the information concerning the ADHP to include my responsibilities and the responsibilities of my sponsoring dentist. I have personally accessed the ADHP site on the Board's website (www.dentalboard.org/ADHP) to review this information.
- I understand the remainder of the tuition and student resource packet (**\$3550.00**) must be paid by the date listed on the acceptance letter.
- My sponsoring dentist has checked my application packet for completeness and has signed this checklist in acknowledgement.

ADHP Student Applicant Signature

ADHP Sponsoring Dentist Signature