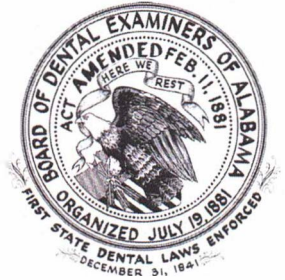


Received: _____

Dental Hygiene Infiltration Permit REINSTATEMENT FORM (Due to Expiring)



DENTAL HYGIENE LICENSE #

H. _____

Renewal Fee:

\$75.00

Application Instructions

- Complete form, affidavit, and attach fees noted above and the required documentation.
- Email completed form to: licensing@dentalboard.org
- Once the application for reinstatement is accepted, you will be emailed payment instructions.
- **NOTE:** This reinstatement form is for your Dental Hygiene Infiltration Permit only!

PERSONAL INFORMATION

Name: _____ SS#: _____

Office Address: _____
Street City County State Zip

Office Phone: _____ Email: _____

Home Address: _____
Street City County State Zip

Home Phone: _____ Cell Phone: _____

EMPLOYER INFORMATION

Dentist: _____ License # _____

Practice Name: _____ Phone: _____

Office Address: _____
Street City County State ZipI request the address above to be used as my public address (Mark): ☐ OFFICE ☐ HOME

ATTESTATION OF UNDERSTANDING

I hereby attest that I have met all the requirements for the reinstatement of my Dental Hygiene Infiltration 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 _____

Date _____

AFFIDAVIT

STATE OF _____)

COUNTY OF _____)

I, _____, being duly sworn, deposes and says:

I last possessed an active Dental Hygiene Infiltration permit in the year _____. Due to my permit being expired, I am now seeking to reinstate my Dental Hygiene Infiltration permit. During the time my permit was expired, I have not used Dental Hygiene Infiltration in the State of Alabama in any manner, at any time.

Signature of Affiant

Sworn to and subscribed before me this _____ day of _____, 20_____

<SEAL>

Notary Signature

My commission expires: _____

NOTE: If you cannot sign the above affidavit due to having used Dental Hygiene Infiltration in the State of Alabama during the time your license/permits were expired, please sign below to acknowledge:

Signature of Licensee