



# Special Teaching Permit & Teaching Permit



## APPLICATION

### SPECIAL TEACHING Permit

☐ \$300.00

(Mark appropriate)

### TEACHING Permit

☐ \$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**

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## 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)

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**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: \_\_\_\_\_

**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 \_\_\_\_\_