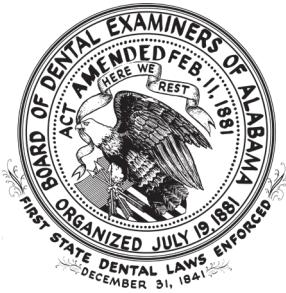


# Special Teaching Permit & Teaching Permit



## 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**

### 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)

**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
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