

Date Received:	Date Review Completed:	Dates Valid:	SV License No.:
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# Special Volunteer License APPLICATION



<u>Application Instructions</u>	(Mark Appropriate License)
<ul style="list-style-type: none"> <li>Fully complete the application</li> <li>Attach copy of Dental/Dental Hygiene License to application</li> <li>Copy of the event with details (Must be board approved at official board meeting.)</li> <li>Email the full application to <a href="mailto:licensing@dentalboard.org">licensing@dentalboard.org</a></li> <li>Submit payment by check or money order.</li> </ul>	<b>DENTIST: \$50.00</b> <b>DENTAL HYGIENIST: \$50.00</b>

## APPLICANT INFORMATION

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dental or Dental Hygiene License #: \_\_\_\_\_ License state: \_\_\_\_\_

Contact Address: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant is current in BLS/CPR: YES NO

Applicant is current in Infectious Disease training: YES NO

## REQUIRED EVENT INFORMATION

Alabama dentist supervising event: \_\_\_\_\_ License #: \_\_\_\_\_

Name of Custodian of Patient Records for event: \_\_\_\_\_

Event name and location: \_\_\_\_\_ Date of event: \_\_\_\_\_

## ATTESTATION

I, \_\_\_\_\_, attest that all the information provided on this application is true and correct. I confirm that my above dental/dental hygiene license is in good standing, and I have no pending disciplinary actions. I understand that this Special Volunteer License is valid for a period of up to fifteen (15) days from date of issuance and shall only be used in conjunction with a board-approved charitable event.

I will not solicit or receive any renumeration in connection with the provision of services under this license other than reimbursement for actual expenses incurred.

I understand that I must follow the scope of practice as defined by the Alabama Dental Practice Act and associated administrative codes (For dentists, see [Code of Ala. 1975, §34-9-6](#); for dental hygienists, see Alabama Administrative Code, r. 270-X-3-.10). I understand that with this license, I will fall under the jurisdiction of the Board of Dental Examiners of Alabama.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date