

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



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