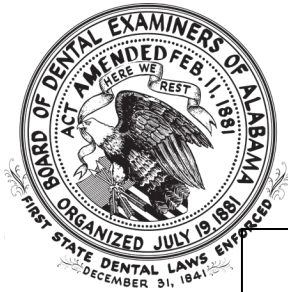


Date Received	Payment Enclosed	Assigned Permit #
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Alabama Dental Hygiene Program Instructor Certification Application

July 11, 2026, 1:00 pm
 Hilton Sandestin Beach Golf Resort & Spa

\$75.00

APPLICATION DEADLINE: 6/08/2026

Application deadline is firm to comply with GCDC registration deadline!

Application Instructions

- Complete application and attach fee (check/money order) due in the Board office on/before above deadline!
 - **NOTE:** All fees are non-refundable/non-transferable (Checks payable to BDEAL)
 - **NOTE:** WALK-INS will not be allowed! No exceptions!
- Mail completed application/fee to: BDEAL, 2229 Rocky Ridge Road, Birmingham, AL 35216

INSTRUCTOR APPLICANT INFORMATION

Name: _____ License #: _____ D. _____

Dentist* personal email address: _____
*Use email address not accessible by other practice members.

Practice Name: _____

Practice Address: _____
Street City State Zip

Practice Phone: _____ **Business Days/Hours:** _____

Practice Classification: PRIVATE CORPORATE

(Mark One)

Area of Practice: GENERAL PEDO PERIO ORTHO OTHER: _____
 (Mark One)

ADHP STUDENT-HYGIENIST INFORMATION

Sponsored Student's Name: _____

GENERAL INFORMATION

1. Number of hours per week you practice at the above location _____
2. Will your ADHP student-hygienist train at this location? Y N
3. Will your ADHP student-hygienist complete the required 150 prophylactic patient treatments at this practice location? Y N
4. Will prophylactic patients have permanent dentition only and subgingival calculus allowing your student to become proficient in the detection and removal of this calculus?
 Y N
5. Are there any other actively certified ADHP sponsoring dentists at this location? Y N
 - a. If yes, please list names and license #s: _____

6. Do you practice at any other practice or practice location? Y N
 - a. If yes, please list name, address, phone, and business hours of this clinic(s): _____

 - b. Number of hours per week you practice at this location _____
7. Will any other ADHP student-hygienist train at your primary practice other than your student? Y N
 - a. If yes, please list student's name, sponsoring dentist's name and license #: _____

ATTESTATION

I attest that all the information I have provided on this application is true and correct. I have reviewed all the requirements for participation in the Alabama Dental Hygiene Program and will ensure that my sponsored student and I abide by those requirements.

ADHP-Instructor Applicant Signature

Date