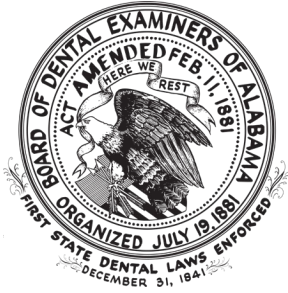
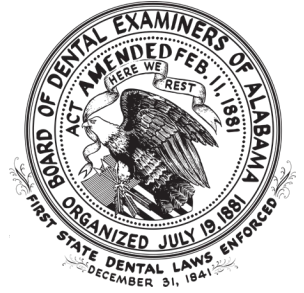


Date Received: _____



Dental License Reinstatement Form

(Due to Expiring)



DENTAL LICENSE # _____

Other Permits in AL? Y N

What was your last year of renewal? _____

APPLICATION INSTRUCTIONS

- Complete this application, including the affidavit. (Attach all required documentation.)
- For **each** year of non-renewal, you must attach proof of 20 hours of continuing education. (Maximum of 5 years)
- **There will be a \$350 fee for each year of non-renewal plus a one-time \$250 penalty.**
- Email completed form to: licensing@dentalboard.org
- Please be aware that if you have practiced or used permissions granted by a permit while your license or permit is suspended, the Board may vote to impose further penalties.
- Once the application for reinstatement is accepted, you will be emailed payment of fee instructions.
- **NOTE: This reinstatement form is for your DENTAL LICENSE only!**

PERSONAL INFORMATION

Name: _____ SS#: _____

Office Address: _____
Street City County State Zip

Office Phone: _____ Email: _____

Home Address: _____
Street City County State Zip

Home Phone: _____ Cell Phone: _____

I request the address above to be used as my public address (Mark): **OFFICE** **HOME**

PRACTICE INFORMATION**Practice Name:** _____**Practice Classification (Mark):** Private Institutional Military Associate**Area of Practice (Mark or Add):** **General Dentistry** **Other:** _____**Practice Type (Mark):** **PA** **PC** **LLC****EMPLOYEE INFORMATION***

*List name and information of your employees with his/her license number, if applicable:

Employee Name: _____ **License #:** _____**Employee Name:** _____ **License #:** _____**Employee Name:** _____ **License #:** _____**REQUIRED QUESTIONS**

1. Are you a citizen of the United States? Y N
 - a. If no, provide 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: _____
7. **Date of CPR Training:** _____
8. **Date of Infectious Disease Control Training:** _____

ATTESTATION OF UNDERSTANDING

I hereby attest I have reviewed and fully completed this application, to include attachment of any required documentation. I attest 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 this license. I attest I have completed all required continuing education requirements and have those documents available for review by the Board. I certify and acknowledge I am familiar with and will abide by the provisions of the Alabama Dental Practice Act and any applicable administrative rules.

 Signature

 Date
AFFIDAVIT

STATE OF _____)

COUNTY OF _____)

I, _____ (licensee), being duly sworn, deposes and says:

I last possessed an active license to practice dentistry in the year _____. Due to my license being expired, I am now seeking to reinstate my license to practice dentistry. During the time my license expired, I have not practiced dentistry in the State of Alabama in any manner, at any time.

 Signature of Affiant

Sworn to and subscribed before me this _____ day of _____, 20 _____

<SEAL>

 Notary Signature

My commission expires: _____

NOTE: If you cannot sign the above affidavit due to having practiced dentistry in the State of Alabama during the time your license/permits were expired, please sign below to acknowledge. Only sign once, do not sign both places.

Signature of Licensee

Checklist

1. Complete the entire application.
2. Attach continuing education hours to the email application for each year not renewed, up to 5 years. (half in person and half anytime hours)
3. Only sign the attestation page at the top if you have **not** practiced, and at the bottom if you have practiced during the license expiration. Do not sign both places.
4. The Attestation page will need to be notarized if the licensee was not practicing while the license was expired.
5. Once the application is approved, you will get an email from licensing personnel with the total to pay. This amount will be a fee that can be accessed through your renewal portal, payable online.