Board of Dental Examiners of Alabama
2229 Rocky Ridge Road, Birmingham, AL 35216
205.985.7267
www.dentalboard.org

Special Purpose License

Application Fee: $450.00

Thank you for your interest in a Special Purpose License for the State of Alabama. The requirements for this method of licensure are listed in the Code of Alabama, (1975), § 34-9-10 (e) and Board Rule 270-X-2.18. Please carefully review these requirements to ensure you are eligible for this type of license.

Please fully complete the application and review the checklist located on the last page to ensure that you are submitting all required information and documentation. Should you have any questions regarding this application, please contact our Director of Licensing and Records by email at licensing@dentalboard.org.

Once your application has been processed, you will be contacted to take the Jurisprudence Examination covering the Alabama Dental Practice Act and Alabama Administrative Code. The exam will be taken online.

Payment: Make all checks/money orders payable to:

Board of Dental Examiners of Alabama

Mail to: **Board of Dental Examiners of Alabama**
c/o Director of Licensing and Records
2229 Rocky Ridge Road
Birmingham, AL 35216

Date Received:	Date Review Completed:	Accepted Denied (Circle One)

Special Purpose License

APPLICATION

Application Instructions

- Complete the application and attach required documents.
- If you need additional space, use additional pages (date and initial additional pages)
- If paying by check/money order address to: **Board of Dental Examiners of Alabama**
- Mail the completed application and payment to:
  BDEAL, 2229 Rocky Ridge Road, Birmingham, AL 35216
- **NOTE**: Review attached checklist and confirm completeness before submission

PERSONAL INFORMATION

Name:_____ SS#:_____

Date of Birth:_____ Place of Birth:_____
City State

Home Address:_____
Street City County State Zip

Home Phone:_____ Cell Phone:_____

Office Address:_____
Street City County State Zip

Office Phone:_____ Email:_____

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

If you will not be self-employed, list your employer:_____

REQUIRED TRAINING/IMMUNIZATION INFORMATION

State Law requires health care workers who perform invasive procedures to self-report certain blood-borne infections to the State Health Officer. (*See* Ala. Code § 22-11a-60 *et seq.;* Ala. Admin. Code 420-4-3-.01.13.) I acknowledge and promise to comply with these legal requirements. _____ (initial)

CPR Certification Date:_____ (Copy of Card/Certificate Enclosed)

Infectious Disease Training Date:_____ (Copy of Documentation Enclosed)

LOCATION HISTORY (Previous 5 years)

Dates From-To	Address	Residence/Employer (Check)	Occupation if Employer
		☐ R ☐ E	
		☐ R ☐ E	
		☐ R ☐ E	
		☐ R ☐ E	
		☐ R ☐ E	

REQUIRED QUESTIONS (Check)

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. Have you held public office or were a member of any profession or organization? ☐ Y ☐ N
   a. If yes:
      i. Have you ever been suspended/disqualified? ☐ Y ☐ N
      ii. Have you ever been reprimanded, censured, or disciplined? ☐ Y ☐ N
      iii. Do you have any pending complaints/proceedings against you? ☐ Y ☐ N
3. Have you ever held a bonded position? ☐ Y ☐ N
   a. If yes, what was the nature of the position, dates, amount of bond._____
   b. Has anyone sought to recover on your bond or to cancel your bond? ☐ Y ☐ N
4. Have you ever been disciplined, suspended, and/or expelled from any college/ university? ☐ Y ☐ N
5. Have you ever served in the US Armed Forces? ☐ Y ☐ N
   a. Branch:_____ Dates of service:_____
   b. Service #_____ Type of Separation:_____
   c. If other than honorable discharge, provide a full written explanation.
   d. If you received any disciplinary action, whether formal or informal, while serving in the US Armed Forces, provide a full written explanation.
6. Have you ever been arrested or convicted of any criminal offense? ☐ Y ☐ N
   If yes, please explain:_____
7. Have you ever been declared a ward of any court, adjudicated incompetent, or committed to any institution? ☐ Y ☐ N
8. 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
   If yes, please see the Wellness information: Wellness Committee
   _____
9. Have you ever been diagnosed with a contagious or infectious disease? ☐ Y ☐ N
   If yes, please explain:_____

10. What is your area of specialty? _____
11. Do you work for a corporate dental group? ____ Y ____ **N**
    If yes, is the dental group owned by an Alabama licensed dentist? ____ Y ____ N
    Dentist Name _____ Dentist License No._____

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1. Are there any actions pending or have any actions been taken against your dental license, in any state, that you have NOT reported to our Board? ☐ **Y** ☐ **N**
   a. If yes, provide a full explanation with your application.
2. Have you ever been licensed to practice dentistry in any other state? ☐ **Y** ☐ **N**
   a. If yes, provide state, license #, license issuance date, license status:_____
   _____
   _____
   b. If you have been employed as a dentist, provide employer name, location, and dates of employment_____
   _____

SPECIAL PURPOSE REASON

Please provide the reason for this license.

_____
_____
_____
_____

ATTESTATION OF UNDERSTANDING

I hereby attest that I have reviewed and fully completed this application, to include attachments of any required documentation and fees. I attest that all the information provided in this application is true and correct and I further acknowledge and understand that the Board is relying upon the truthfulness of this information in the issuance of this license.

I authorize the Board of Dental Examiners to secure additional information to verify any information provided by me or my references, as needed.

I attest that any falsifications, omissions, or withholding of information of facts concerning my qualifications as an applicant shall be sufficient grounds to bar me from this or any future application requests to the Board of Dental Examiners of Alabama. I attest that any falsifications, omissions, or withholding of information of facts concerning my qualifications as an applicant shall be sufficient grounds for disciplinary action up to and to include revocation of my Alabama Special Purpose License if it is not discovered until after issuance.

_____ _____

Signature Date

AFFIDAVIT

STATE OF_____)

COUNTY OF_____)

Before me, the undersigned authority, on this day personally appeared_____,

who after being duly sworn by me on his/her oath that all facts, statements, and answers contained within this application are true and correct in every respect.

Sworn to and subscribed before me this_____day of _____, 20_____

<SEAL>

_____

Notary Signature

My commission expires:_____

Declaration of Citizenship and Lawful Presence of an Alien Resident

Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act 8 USC., §1621 provides that, with certain exceptions, only citizens of the United States, non-citizen nationals, non-exempt "qualified aliens", nonimmigrants, and certain aliens paroled into the United States are eligible to receive covered public state and/or local benefits. Pursuant to Ala. Code (1975), §31-13-1, et seq., aliens unlawfully present in the United States are prohibited from receiving state or local benefits. Every person applying for a local or state benefit must sign a declaration of citizenship and a resident alien's lawful presence must be verified. Further, citizenship or lawful presence must be demonstrated by providing appropriate documents for review.

Alabama Dental/Dental Hygiene License Number:_____(Leave blank if not applicable)

Name:_____
First Middle Initial Last

Date of Birth:_____

SECTION I

Are you a **citizen** of the United States? _____**YES** _____**NO**

If you answered "YES":

1. Provide a legible copy of any document from the attached List A
2. Complete the declaration found in Section III below
3. Return this form and the requested document with this application

If you answered "NO":

1. Complete Section II and Section III below

SECTION II

Are you a lawfully present alien in the United States: _____**YES** _____**NO**

If you answered "YES":

1. Provide a legible copy (front and back) of any documents from attached List B (provided documents will be used to verify lawful presence through the US Government)
2. Complete the declaration found in Section III below
3. Return this form and the requested documents with this application

If you answered "NO":

1. Complete the declaration found in Section III below
2. Return this form with this application

SECTION III

I declare under penalty of perjury under the laws of the State of Alabama that the answers and documentation I provided are true and correct to the best of my knowledge.

_____ _____
Signature Date

List A

Documents Demonstrating US Citizenship

1. Driver's license or non-driver's license identification card issued by the Alabama Department of Public Safety.

2. Driver's License or non-driver's license identification card issued by an equivalent governmental agency of another state within the US if the identification specifies that the person provided satisfactory proof of US citizenship.

3. Birth Certificate which satisfactorily verifies US citizenship by indicating birth in the US or one of its territories.

4. Pages of a US Passport identifying the individual and their passport number.

5. US Naturalization documents or Certificate of Naturalization or Certificate of Naturalization number.

6. Any document, method, or proof of US citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952 and subsequent amendments thereto.

7. Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.

8. Certification of birth issued by the US Department of State or consular report of birth abroad by a citizen of the US.

9. Certificate of Citizenship issued by the US Citizenship and Immigration Services.

10. Certificate of report of birth issued by the US Department of State

11. American Indian card (including KIC classification) issued by the US Department of Homeland Security.

12. Final Adoption Decree showing name and US birthplace.

13. Valid Uniformed Services Privileges and Identification Card.

14. Official US military record of service showing US birthplace.

15. Extract from a US hospital record of birth created at the time of the individual's birth indicating US birthplace.

16. Any other form of identification authorized pursuant to the *Alabama Administrative Procedure Act* by the Alabama Department of Revenue to be used to demonstrate an individual's US citizenship or legal presence. Said identification must require proof of legal presence in the US as a prerequisite of issuance.

List B

Documents Indicating Status of Qualified Aliens, Nonimmigrants, and Aliens Paroled into the US (for Less than One Year)

Qualified Alien *Registration Documents

Evidence of "Qualified Alien Status" includes:

- Alien Lawfully Admitted for Permanent Residence;
- Form I-551 (Alien Registration Receipt Card, also known as a "Green Card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on Form I-94

Alien Declared a Battered Alien Subject to Extreme Cruelty

- US Citizenship and Immigration Service Petition and supporting documentation

Alien Granted Conditional Entry

- Form I-94* annotated with stamp showing grant of asylum under Section 203(a)(7) of the I.N.A.
- Form I-688B* (Employment Authorization Card) annotated "274.a12(a)(3)"
- Form I-766* (Employment Authorization Document) annotated "A3"

Alien Paroled into the US for at least One Year

- Form I-94* with stamp showing admission for at least one year under Section 212(d)(5) of the I.N.A. (Individual may not aggregate periods of admission for less than one year to meet the one-year requirement)

Alien Whose Deportation was Withheld

- Form I-688B* (Employment Authorization Card) annotated "274.a12(a)(10)"
- Form I-766* (Employment Authorization Document) annotated "A10"
- Order of an immigration judge showing deportation was withheld under Section 243(h) of the I.N.A. as in effect prior to April 1, 1997, or removal withheld under Section 241(b)(3) of the I.N.A.

Asylee

- Form I-94* annotated with stamp showing grant of asylum under Section 208 of the I.N.A.;
- Form I-688B* (Employment Authorization Card) annotated "274.a12(a)(50)";
- Form I-766* (Employment Authorization Document) annotated "A5";
- Grant Letter from the Asylum Office of the US Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum

Refugee

- Form I-94* annotated with stamp showing admission under Section 207 of the I.N.A.;
- Form I-688B* (Employment Authorization Card) annotated "274.a12(a)(3)"; or
- Form I-766* (Employment Authorization Document) annotated "A3".

Cuban / Haitian Entrant

- Form I-551 (Alien Registration Receipt Card, also known as a "Green Card") with the code CU6, CU7, or CH6
- Unexpired Temporary I-551 stamp in foreign passport or on Form I-94* with the code CU6 or CU7
- Form I-94 with stamp showing parole as "Cuban/Haitian Entrant" under Section 212(d)(5) of the I.N.A.

APPLICATION CHECKLIST

Ensure that you have completed all the below items BEFORE sending this application to our Board for processing. All fees are non-refundable.

_____Fully Completed Application (Pages 2-5), signed and notarized

_____Declaration of Citizenship and Lawful Presence of an Alien Resident

_____Check/money order for application fee or Online Payment

_____Completed background check: B & B Background Check

_____Required documents for citizenship verification (Page 6) (Examples pages 7-8)

_____Attached copy of current CPR card (must have been an in-person course)

_____Attached documentation of completion of training in Infectious Disease Control

Mail application packet to:

Board of Dental Examiners of Alabama
c/o Director of Licensing and Records
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Birmingham, AL 35216