Portable Dental Unit-Permit

Mobile Dental Unit-Permit

Application

PORTABLE Dental Unit	**MOBILE** Dental Unit
Application $5.00/unit ☐	**Application $350/unit** ☐

Application Instructions

- Mark appropriate permit requested.
- Complete the application and attach all required documents
- If paying by check, mail fee to: **BDEAL, 2229 Rocky Ridge Road, Birmingham, AL 35216**

GENERAL INFORMATION

Name of Operator(s):

_____

_____

Official Business Title/Name for Certificate: _____

Licensed to practice dentistry in the state of Alabama TAX ID #_____

IRS tax exempt status 501(c)(3) (Attach documentation)
(Mark appropriate)

Business Address:_____
Street City State Zip

Business Phone:_____ Phone assigned to Mobile/Portable Unit:_____

Affiliated Dental Facility Address:_____
Street City State Zip

Affiliated Dental Facility Address:_____
Street City State Zip

Email Address(es)_____

PERSONNEL INFORMATION

Dentist (s) providing care:

Name:_____AL Dental License #:_____

Name:_____AL Dental License #:_____

Name:_____AL Dental License #:_____

Dental Hygienist (s) providing care:

Name:_____AL Dental Hygiene License #:_____

Name:_____AL Dental Hygiene License #:_____

Name:_____AL Dental Hygiene License #:_____

Non-licensed personnel:

Name:_____Role/Responsibility:_____

Name:_____Role/Responsibility:_____

Name:_____Role/Responsibility:_____

COVERAGE INFORMATION

Are you a Medicaid provider? ☐ Yes ☐ No
(Mark appropriate)

IF yes, Medicaid Number _____
(Provide proof of Medicaid status approval for mobile/portable Unit)

Name of liability carrier:_____
(Provide proof of $1,000,000.00 general liability insurance coverage)

MOBILE DENTAL unit ONLY

Is the mobile dental facility a vehicle? ☐ Yes ☐ No
(Mark appropriate)

Is the mobile dental unit a trailer/will be towed? ☐ Yes ☐ No
(Mark appropriate)

Driver Name:_____Driver's License #_____

Driver Name:_____Driver's 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 permit.

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 I am familiar with and will abide by the provisions of the Alabama Dental Practice Act and any applicable administrative rules (board rules) in connection with the operation of a portable/mobile dental operation.

By typing my signature below and submitting this application, I affirm that I have personally reviewed all of the information contained within this application, as well as any/all documents uploaded for this application, and affirm it to be true and factual. I also acknowledge that any/all fees submitted with this application are non-refundable and non-transferable.

_____ _____

Signature of Applicant Date

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

Documents required:

- ☐ Copy of phone bill showing Portable/Mobile Unit phone has 9-1-1 capability
- ☐ Medicaid Status documentation, if applicable
- ☐ Liability Insurance documentation
- ☐ Copy of written policies/procedures for emergency follow-up care
- ☐ Copy of written policies/procedures for patients to obtain records
- ☐ Copy of written policies/procedures with phone number for patient's questions
- ☐ Copy of written policies/procedures and consent form for Treatment of Minor
- ☐ (Mobile Dental Unit only) Copy of Vehicle registration/insurance
- ☐ (Mobile Dental Unit only) Copy of Drivers' License for mobile unit driver