



BOARD OF DENTAL EXAMINERS OF ALABAMA
Stadium Parkway Office Center-Suite 112
5346 Stadium Trace Parkway
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FAX 205-985-0674
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INFORMATION REGARDING SPECIAL PURPOSE LICENSE

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 Code of Alabama, (1975), § 34-9-10 (e) and Board Rule 270-X-2.18. Please carefully review these requirements to insure you are eligible for this type of license.

The application process for this type of license requires two applications. An application must be submitted to Professional Background Information Services (PBIS) for the purpose of Level II background verification. PBIS charges a fee for this service and payment must be made directly to PBIS. In order to obtain the application from PBIS the following information is provided: (please use the following information)

PBIS
Professional Background Information Services
23460 N. 19th Ave., Suite 225
Phoenix, AZ 85027

Phone: (602) 861-5867 Fax: (602) 861-9656
E-mail: pbisonline.com

The Board also requires the submission of an application. The fee for applying for a Special Purpose License is four hundred fifty dollars and 00/100 (\$450.00) for a dentist and one hundred ninety five dollars and 00/100 (\$195.00) for a dental hygienist. Should application for a Special Purpose License be for the sole purpose of temporary military placement the application fee payable to the Board will be waived and a copy of military orders will be required. Both of the fees to PBIS and the Board must be received before the application process can begin. Both fees are non-refundable. If either the PBIS application or the application to the Board is returned without the required fees, the applications will not be processed or considered.

Due to the detailed nature of the background verification, it may take 45 to 90 days for PBIS to request and receive all the required documentation. When PBIS concludes the background verification, the application will be forwarded to the Board and you will be notified. Prior to that notification any questions regarding the status of the PBIS's background verification should be directed to PBIS. You may find a copy of Board Rule 270-X-2.18 which sets forth in detail the requirements for a Special Purpose License on the Board's website dentalboard.org.

It is also a requirement that an applicant for a Special Purpose License successfully pass a written jurisprudence examination to be administered by the Board.



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DENTAL/DENTAL HYGIENE APPLICATION FOR 3 YEAR SPECIAL PURPOSE LICENSE

TYPE OR PRINT LEGIBLY USING BLACK INK. Read instruction sheet before answering. Each question must be answered completely, truthfully and accurately. All supporting data requested must accompany this application. If the space for any answer is insufficient, the applicant must complete the answer on a rider signed by him/her, specifying the number of the question, which it relates to, and enclose with this application. **DO NOT STAPLE ENCLOSURES TO THIS APPLICATION FORM.**

I hereby make application for licensure by special purpose, for issuance to me of a certificate of qualification as a (Please mark one) _____ General Dentist _____ Dental Hygienist, all in accordance with and subject to the laws of Alabama and the rules and regulations of the Board of Dental Examiners of Alabama.

1. _____
(First Name) (Middle Name) (Last Name) (Social Security #)
- a) _____
Present Resident Address (Street, City, State & Zip Code) (Area Code & Phone #)
- b) _____
If Residence is not Permanent Address please list Permanent Address (Area Code & Phone #)
- c) _____
Present Place of Practice - Address (Area Code & Phone #)
- d) _____
State(s) Dental/Dental Hygiene License is/are held with license/permit number(s)
- e) Email Address: _____

2. Have you ever been known by any other name? _____ If yes, state in full every other name by which you have been known, the reason thereof, and inclusive dates so known: _____
If change was made by court order, enclose herein a Certified Copy of such order. (If female, state maiden name if applicable)

3. Age _____ Place of Birth _____ Date of Birth _____
(City) (State)

4. Height _____ Weight _____ Sex _____ Color of Hair _____ Eyes _____ Complexion _____
5. Hepatitis Immunizations ____/____/____; ____/____/____; ____/____/____ OR: Titer Enclosed
 (Enclose documentation of: 1st 2nd 3rd)
6. CPR Certification Date ____/____/____ Course Date for Infectious Disease Training ____/____/____

If your answer is yes to any of the following questions (7–13), for each occurrence furnish a written statement giving the complete facts, state as to each case, the date, the nature of the charge, the disposition of the matter, and the name and address of authority in possession of the records thereof.

7. As a member of any profession or organization, or as a holder of any public office:
- | | | |
|--|-----|----|
| a) Have you ever been suspended or otherwise disqualified? | Yes | No |
| b) Have you ever been reprimanded, censured or otherwise disciplined? | Yes | No |
| c) Have any charges or complaints, formal or informal, ever been made or filed against you, or have any proceedings been instituted against you? | Yes | No |

8. Have you ever held a bonded position? Yes No
 If so, specify on an enclosure the nature of position, dates, amount of bond and whether or not anyone ever sought to recover upon your bond or to cancel same.

9. Have you ever been dropped, suspended, expelled, or disciplined by any school or college for any cause? Yes No

10. Have you ever served in the armed forces of the United States or any other country? Yes No

a) State inclusive dates of service: _____ Serial Number _____

b) If other than the United States, state name of country _____

- c) Have you ever been separated from such service? Yes No

If so explain _____

d) If other than honorable furnish written statement, specifying type thereof, and circumstances surrounding your release.

- e) As a member of such armed forces, have any charges or complaints, formal or informal, ever been made or filed against you, or have any proceedings ever been instated against you, or have you ever been a defendant in any court martial? Yes No

11. Have you ever been summoned, arrested, taken into custody, indicted, convicted, or tried for, or charged with, or pleaded guilty to the violation of any law or ordinance or the commission of any felony or misdemeanor (excluding traffic violations) or have you been requested to appear before any prosecuting attorney or investigative agency in any matter? This includes all such incidents no matter how minor the infraction. Yes No

12. Have you ever been declared a ward of any court, or adjudged incompetent, or have you ever been committed to any institution? Yes No

13. Have you ever been addicted or received treatment for drugs, chronic or persistent inebriety, afflicted with a contagious or infectious disease? Yes No

14. 11. Are you a United States citizen? Yes No

15. Have you ever taken a dental/dental hygiene (clinical) examination given by another Board or testing agency?

Yes No

If yes, list Board/Testing Agency, dates and status: _____ Pass Fail; _____ Pass Fail

a) Have you been refused dental/dental hygiene examinations given by another Board or testing agency?

Yes No

If yes, list Board /Testing Agency and date: _____

b) Have you ever been reprimanded, had your license suspended, placed on probation, or revoked by any Board? Yes No

If yes, list Boards, reasons and dates: _____

16. Reason for requesting a Special Purpose License: _____
(If request for a Special Purpose License is military related, a copy of your military orders will be required)

17. In addition to the foregoing:

a) I hereby give permission to the Board of Dental Examiners of Alabama to secure additional information concerning me or any statement in this application from any person or any source the Board may desire. I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements if desired by the Board.

b) I have attached a certified check or money order made payable to the Board of Dental Examiners of Alabama for this application and any license issued pursuant to this application. I understand that this applicant/license fee is non-refundable) I understand that this application in its entirety must be received in order for the jurisprudence exam to be scheduled.

d) I, _____, the applicant herein, state and depose that all facts, statements and answers contained in this application are true and correct; I am not omitting any information which might be of value to this Board in determining my qualifications and character, whether it is called for or not; and I agree that any falsification, omission or withholding of information of facts concerning my qualifications as an applicant shall be sufficient to bar me from this or any future examination given by the Board of Dental Examiners of Alabama, and such falsifications, omissions, or withholding shall serve as sufficient grounds for the suspension, cancellation or revocation of my Alabama Dental License if it is not discovered until after issuance.

The PBIS application and background verification is an intricate part of the process of applying for a Special Purpose License and therefore the PBIS application is considered a part of this application. I understand and affirm that by signing this application I am representing to the Board that all the information supplied to PBIS and or included is true and correct as evidenced by the notary requirements below.

State of: _____

County of: _____

Signature of Applicant

_____, being duly sworn by me on his/her oath that all facts, statements and answers contained in this application are true and correct in every respect, and that the attached photograph is a true likeness of the applicant.

Subscribed and sworn to before me this _ day of _____ 20_ Witness my hand and seal hereunto attached.

Notary Signature
My commission Expires _____