



BOARD OF DENTAL EXAMINERS OF ALABAMA
Stadium Parkway Office Center-Suite 112
5346 Stadium Trace Parkway
Hoover, Al 35244-4583
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FAX 205-985-0674
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Information Regarding Dental Licensure by Regional Examination for Out of State Applicants

Thank you for your interest in Licensure by Regional Exam in the State of Alabama. The requirement for this method of licensure is having passed a regional exam within the last five years of this application. Regional exams accepted by the Board of Dental Examiners of Alabama are:

Council of Interstate Testing Agencies (CITA)
Central Regional Dental Testing Service (CRDTS)
North East Regional Board (NERB)
Southern Regional Testing Agency (SRTA)
Western Regional Examining Board (WREB)
American Dental Exam (ADEX)

The fee for applying for Licensure by Regional Exam is \$325.00 for dentists. The fee is non-refundable. If the application to the Board is returned without the required fees, the application will not be processed or considered.

If you are an out of state applicant, the application process for this type of licensure 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. Please contact PBIS to obtain fee information and PBIS applications.

PBIS
Professional Background Information Services
23460 N. 19th Ave., Ste 225
Phoenix, AZ 85027
(602)861-5867
pbisonline.com

The Board also requires the submission of an application. The fee for applying for Licensure by Regional Exam is \$325.00 for dentists. Both of the fees to PBIS and the Board must be received before an 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 received all of 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 status of the PBIS's background verification should be directed to PBIS.

Final acceptance of the application will be contingent upon satisfying all requirements pursuant to the provisions of the Alabama Dental Practice Act. Completion of the Alabama Jurisprudence Exam with a minimum score of 75% is required. The Jurisprudence Exam will be administered after approval of your application. The resource for this exam is the Alabama Dental Practice Act which is available on our website, www.dentalboard.org.

Each application must include:

1. Typewritten or printed information. Print name on all additional pages enclosed with this application.
2. Notary signature and seal.
3. A certified check, cashier's check or money order fort total of all fees made payable to the Board of Dental Examiners of Alabama.

Dental Application Fee	\$200.00
Dental Examination Fee	\$100.00
Dental License Certificate Fee	<u>\$ 25.00</u>
Total submitted by check or money order	\$325.00

Completed board application and fee should be mailed to:

Board of Dental Examiners of Alabama
5346 Stadium Trace Pkwy.
Ste 112
Hoover, Al. 35244-4583

ALABAMA DENTAL LICENSURE APPLICATION

Board of Dental Examiners of Alabama
5346 Stadium Trace Parkway, Suite 112
Hoover, Alabama 35244
(205) 985-7267



ADMINISTRATIVE USE ONLY
Received _____
Accepted _____
Incomplete / returned _____
Denied _____

**APPLICATION, FEES AND ALL NECESSARY CREDENTIALS MUST BE IN THE ADMINISTRATIVE OFFICE
IN ORDER FOR THE JURISPRUDENCE EXAM TO BE SCHEDULED**

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 examination, for issuance to me of a certificate of qualification as a General Dentist, 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) _____

Resident Address (Street, City, State & Zip Code)
(Area Code & Phone #)
- b) _____

Office Address
(Area Code & Phone #)
- c) _____

Preferred Mailing Address
(Area Code & Phone #)

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)

Height _____ Weight _____ Sex _____ Color of Hair _____ Eyes _____ Complexion _____

Hepatitis Immunizations _____/_____/_____; _____/_____/_____; _____/_____/_____ OR: Titer Enclosed
 (Enclose documentation of: 1st ; 2nd ; 3rd)

CPR Certification Date _____/_____/_____ Course Date for Infectious Disease Training _____/_____/_____

If your answer is yes to any of the following questions (5 -11), 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.

5. 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 |
6. 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.
7. Have you ever been dropped, suspended, expelled, or disciplined by any school or college for any cause? Yes No
8. 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
 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
9. 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 or whether guilty or not. Although a conviction may have been expunged from the records by order of the court, it nevertheless must be disclosed. Yes No
10. Have you ever been declared a ward of any court, or adjudged incompetent, or have you ever been committed to any institution? Yes No
11. Have you ever been addicted or received treatment for drugs, chronic or persistent inebriety, afflicted with a contagious or infectious disease? Yes No
12. 12. Are you a United States citizen? Yes No
13. (A) Have you ever taken a dental (clinical) examination given by another Board or testing agency? Yes No
 If yes, list Board/Testing Agency, dates and status: _____ Pass Fail
 _____ Pass Fail
 _____ Pass Fail

(B) Have you been refused dental examinations given by another Board or testing agency? Yes No

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

(C) 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: _____

14. 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.

(C) 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.

Applicant's Signature

15. The 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 in this application are true and correct in every respect, and that the attached photograph is a true likeness of the applicant.

Applicant

Sworn and subscribed to before me, this _____ day of _____, 20 _____, to certify which witness my hand and official seal of office.

Notary Public
County of _____ State of _____

SEAL