



**BOARD OF DENTAL EXAMINERS OF ALABAMA**  
Stadium Parkway Office Center-Suite 112  
5346 Stadium Trace Parkway  
Hoover, Al 35244-4583  
PHONE 205-985-7267  
FAX 205-985-0674  
e-mail: [bdeal@dentalboard.org](mailto:bdeal@dentalboard.org)

### **Information Regarding Dental Licensure by Regional Examination for Instate Applicants**

Thank you for your interest in Dental 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 Examination Board (WREB)  
American Dental Exam (ADEX)

Residency is defined by the Board as residing in Alabama for a minimum of one year and having a valid Alabama driver's license and voter registration.

If you are an instate resident applicant, you will need to complete the regional exam application and make sure to submit a copy of your drivers license and voter registration for Alabama. 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.

Please complete the eight page application and return with required fees and documents. 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](http://www.dentalboard.org).

Each application must include:

1. Typewritten or printed information. Print name on all additional pages enclosed with this application. Please indicate on the application any requested transcripts or documents that will be arriving under separate cover.
2. Notary signature and seal
3. One recent 2" X 2" photograph with signature of applicant, secured to the application.
4. A copy of a current CPR card with date.
5. Documentation of completion of two hours on infectious disease training.
6. Proof of completion of Hepatitis B Series or Titer.
7. Copy of valid Alabama driver's license and voter registration.
8. Official transcripts of each:
  - a) Pre-dental curriculum,
  - b) Dental School transcript or Certified letter from dental school dean with OFFICIAL transcript requested and forthcoming.
  - c) National Board Scores – Part I and Part II
  - d) Examination scores from a dental testing agency.
8. A certified check, cashier's check or money order for 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 application and fee should be mailed to:

**Board of Dental Examiners of Alabama  
5346 Stadium Trace Parkway-Suite 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



1. An unmounted passport photograph, 2X2, of applicant taken not more than six months before date of application, must be securely pasted, NOT STAPLED, to this space and must not be larger than space provided. Applicant signature required on attached photograph.

**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: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>)

CPR Certification Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Course Date for Infectious Disease Training \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

4. For the past five years my address and occupations have been:

Dates		Address - If employed give employers	Occupation
From	To		

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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. Are you a United States citizen? Yes No

## EDUCATION

13. I have successfully completed ninety (90) hours of semester credits in the following pre-dental curriculum (Remit official transcripts to verify)

Course	Course date	Institution
12 semester hours English (or Equivalency thereof)	_____	_____
8 semester hours Physics	_____	_____
8 semester hours Biology	_____	_____
16 semester hours Chemistry	_____	_____
6 semester hours Math	_____	_____

14. List in chronological order months, years and Dental Schools attended. Do not include pre-dental.

MONTH AND YEAR From To	NAME OF DENTAL SCHOOL	Degree Awarded	Transcript Enclosed

Application must include certified transcripts of all pre-dental college credits and dental school credits to-date. If the certified transcript is unavailable at the time of application a certified letter from the Dean (page 5) must accompany the application verifying the completion of graduation requirements and the certified transcript is forthcoming.

You will not be permitted to take the Board Examination unless verification of final credits has been received.

Check one of the following:       Transcript(s) enclosed       Transcript(s) requested to be sent under separate cover

15. (A) I am not licensed in any state Yes    No

If Yes,      15. (B) I am licensed to practice dentistry in the following state(s):

STATE	HOW LICENSED	LICENSE NO.	DATE OF ISSUANCE	YEARS OF PRACTICE

16. (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: \_\_\_\_\_

(D) If you have been permitted to practice in any state, provide the following certification and make a complete statement of all your practice(s) since date of graduation. Include temporary or part-time work. State as to each employment or period of practice.

- (1) The periods during which you were employed as a dentist, or engaged in practice, with the dates.
- (2) The addresses of the offices, or places at which you were so employed or engaged, and the names and addresses of all employers, partners, associates, or persons sharing office space, if any.
- (3) The type practice. (If your present practice is limited to a specialty, list the specialty).
- (4) The reason for the termination of each employment or period of practice.

(1) INCLUSIVE DATES From                      To	(2) Addresses, Names of Employers, etc.	(3) Type of Practice	(4) Reason for Leaving

TESTIMONIALS OF MORAL CHARACTER

17. I offer the following character references neither of whom is related to me nor a teacher at any dental school I attended.

(1) This certifies, that I have been personally acquainted with

\_\_\_\_\_

for \_\_\_\_\_ years, that I know him/her to be of good moral character, and hereby recommend him/her to the Alabama Board of Dental Examiners of Alabama as entirely worthy of examination for a license to practice dentistry in the State of Alabama pursuant to law.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Address



I offer the following character references neither of whom is related to me nor a teacher at any dental school I attended.

(2) This certifies, that I have been personally acquainted with

\_\_\_\_\_

for \_\_\_\_\_ years, that I know him/her to be of good moral character, and hereby recommend him/her to the Alabama Board of Dental Examiners of Alabama as entirely worthy of examination for a license to practice dentistry in the State of Alabama pursuant to law.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Address

**THIS PAGE MAY BE DUPLICATED AND MAILED TO DENTAL SCHOOL**

**CERTIFICATE OF DEAN OF DENTAL SCHOOL GRANTING DEGREE  
(REQUIRED IF FINAL TRANSCRIPT IS UNAVAILABLE)**

18. I hereby certify that \_\_\_\_\_ matriculated in \_\_\_\_\_  
Dental School on the basis of having credits for ninety (90) semester hours of Pre-dental education, which  
includes a minimum of twelve (12) semester hours of English, eight (8) semester hours of Physics, eight (8)  
semester hours of Biology, sixteen (16) semester hours of Chemistry and six (6) semester hours in mathematics  
on the \_\_\_\_ of \_\_\_\_\_, 19\_\_\_\_ - 20\_\_\_\_, and attended and successfully completed a full  
four year course in professional dentistry comprised of four academic years of instruction, graduating or will  
graduate with the degrees of \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_;

(Seal of College or University)

\_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
DATE (Signature of Dean)

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If necessary mail to:  
Board of Dental Examiners of Alabama  
5346 Stadium Trace Parkway  
Ste-112  
Hoover, AL 35244

Question 18. Not applicable	Yes	No
To be mailed under separate cover	Yes	No

19. THIS STATEMENT IS TO BE COMPLETED ONLY BY THOSE APPLICANTS WHO ARE PRACTICING OR HAVE PRACTICED IN ANOTHER STATE. ONE FORM MUST BE SUBMITTED FOR EACH STATE LICENSE.

Not applicable

Yes

No

To be mailed under separate cover

Yes

No

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This page may be duplicated for completion, return to:

Board of Dental Examiners of Alabama  
5346 Stadium Trace Parkway, Suite 112  
Hoover, Alabama 35244  
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*Certificate of Secretary of Board of Dental Examiners of the State in which the applicant is now practicing or has practiced.*

I, \_\_\_\_\_ Secretary of \_\_\_\_\_  
(Official Name of Board)

hereby certify that \_\_\_\_\_

was granted State Certificate No. \_\_\_\_\_ to practice \_\_\_\_\_

in the State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_

in the year of \_\_\_\_\_, on the basis of \_\_\_\_\_

Current License status: \_\_\_\_\_

Have there been any disciplinary actions? \_\_\_\_\_

If yes: \_\_\_\_\_  
(statement of disciplinary action)

Acting in behalf of the \_\_\_\_\_  
(Official Name of Board)

(State Board Seal)

Signature \_\_\_\_\_  
Title \_\_\_\_\_

20. 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 administered.
- (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  
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21. 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