



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

October 2009

Application for licensure by examination

Thank you for your interest in obtaining a license to practice dentistry in Alabama. Please complete the eight page application and return with required fees.

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 by appointment requested 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. 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. 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	\$300.00
Dental License Certificate Fee	<u>\$ 25.00</u>
Total submitted by check or money order	\$525.00

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) _____

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

If Student or on Active Duty - Permanent Address
(Area Code & Phone #)
 - c) _____

Present Place of Practice - Address
(Area Code & Phone #)

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 _____/_____/_____

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

Dates		Address - If employed give employers	Occupation
From	To		

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. Are you a United States citizen? Yes No
10. 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
11. Have you ever been declared a ward of any court, or adjudged incompetent, or have you ever been committed to any institution? Yes No
12. Have you ever been addicted or received treatment for drugs, chronic or persistent inebriety, afflicted with a contagious or infectious disease? 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	_____	_____
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

Pass Fail

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

_____ 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)

**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

This page may be duplicated for completion, return to:
Board of Dental Examiners of Alabama
5346 Stadium Trace Parkway, Suite 112
Hoover, Alabama 35244

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 to cover the examination and certificate fees. I understand that these fees will be returned only if this application is not accepted by the Board and that only the materials fee will be returned.
- (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

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