



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 dental hygiene in Alabama. Please complete the four 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 request 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) Dental Hygiene Education

- c) National Dental Hygiene Board Examination
 - 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 Hygiene Examination Fee	\$200.00
License Certificate Fee	<u>\$ 25.00</u>
Total submitted by check or money order	\$225.00

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 HYGIENE LICENSURE APPLICATION

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 photograph.

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



ADMINISTRATIVE
USE ONLY

Received _____

Accepted _____

Returned/Incomplete _____

Rejected _____

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 carefully before answering. Each question must be answered fully, 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 separate page, 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 Dental Hygienist, all in accordance with and subject to the laws of Alabama and the rules and regulations of the Board of Dental Examiner's 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) (County)

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 _____ / _____ / _____

Please circle the appropriate response. If yes, please furnish (on separate page) a written statement. As to convictions or actions against license, include dates, name and nature of offense, identification of court or license entity and any penalty and punishment imposed.

1. Are you a United States citizen? YES NO
2. Have you ever been convicted of a felony or a misdemeanor involving moral turpitude? YES NO
3. Have you ever been convicted of violating any federal or state laws relating to narcotics or controlled substances? YES NO
4. Have you ever undergone treatment for any substance or alcohol abuse or problems? YES NO
5. Have you been afflicted with a contagious or infectious disease? (Do not list childhood diseases) YES NO
6. Have you ever taken a dental hygiene (clinical) examination given by another Board or testing agency?
If yes, list Board/Testing Agency, dates and status _____ YES NO
Pass Fail
_____ Pass Fail _____ Pass Fail
7. Have you ever been refused or denied a license or permit in any state? YES NO
8. List all states in which you hold a license. _____
9. Has any action been taken against you license in any other state? YES NO
10. Is there any action pending against your license? YES NO
11. (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 Hygiene License if it is not discovered until after issuance.

Applicant Signature

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.

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

Notary Public

SEAL

County of _____ State of _____

Certificate of Moral Character

(To be signed by two reputable references, who have known the applicant for at least two years.)

THIS CERTIFIES, that I have personally known _____
for ____ years and know him or her to be of good moral character, and hereby recommend him or
her to the Board of Dental Examiners of Alabama as being worthy of the privilege of practicing
Dental Hygiene in Alabama, pursuant to law.

Name (Signature)

Address (No.) (Street) (City) (State) (Zip)

Occupation DATE

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THIS CERTIFIES that I have personally known _____
for ____ years and know him or her to be of good moral character, and hereby recommend him or
her to the Board of Dental Examiners of Alabama as being worthy of the privilege of practicing
Dental Hygiene in Alabama, pursuant to law.

Name (Signature)

Address (No.) (Street) (City) (State) (Zip)

Occupation DATE

Dental Hygiene Education:

Dental Hygiene School/Program attended: _____

Address of School: _____

Address

City

State

Zip

Date of graduation _____ Official Transcript Enclosed _____

Transcript requested will be sent under separate cover _____

Anticipated date of graduation _____ / _____ / _____

(Certificate of Dean required pending receipt of final transcript)

CERTIFICATE OF DEAN OF HYGIENE SCHOOL GRANTING DIPLOMA

I hereby certify that _____ matriculated in the _____

on the _____ day of _____ and attended _____

course of instruction, graduating or will graduate with the diploma of _____

on the _____ day of _____, _____.

Signature of Dean

SEAL