



**BOARD OF DENTAL EXAMINERS OF ALABAMA**  
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Hoover, Al 35244-4583  
PHONE 205-985-7267  
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**INFORMATION REGARDING SPECIAL PURPOSE LICENSE TO WORK NO MORE THAN 10 TIMES IN ALABAMA IN A CALENDAR YEAR**

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. With this application you will **ONLY** be allowed to practice in the state of Alabama for one (1) year before having to file a new application, Also, with this application you will **ONLY** be permitted to practice no more than ten (10) days in one (1) calendar year.

The Board also requires the submission of an application. The fee for applying for a Special Purpose License is one hundred dollars and 00/100 (\$100.00). 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. The fee must be received before the application process can begin. The fee is non-refundable. If the application to the Board is returned without the required fee, the application will not be processed or considered.

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 School transcript or Certified letter from dental school dean with OFFICIAL transcript requested and forthcoming.
  - b) National Board Scores – Part I and Part II



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**APPLICATION FOR SPECIAL PURPOSE LICENSE TO WORK NO MORE THAN 10  
TIMES IN ALABAMA IN A CALENDAR YEAR**

**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 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 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 License is/are held with license/permit number(s)
- e) Attach a copy of all state Dental licenses/permits that you hold
- f) Email Address: \_\_\_\_\_



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

11. 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

12. 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

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

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

15. Are you a United States citizen? Yes No

16. 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

a) Have you been refused Dental 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: \_\_\_\_\_

17. 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)

18. 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

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 Special Purpose License if it is not discovered until after issuance.

e) Furthermore, I understand that if I am granted a Special Purpose License pursuant to this application that I will **ONLY** be allowed to practice in the state of Alabama for one (1) year before having to file a new application, Also, with this application I under I will **ONLY** be permitted to practice no more than ten (10) days in one (1) calendar year.

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 \_\_\_\_\_

TESTIMONIALS OF MORAL CHARACTER

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 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 for a license to practice dentistry in the State of Alabama pursuant to law.

Signature

Date

Address