



BOARD OF DENTAL EXAMINERS OF ALABAMA
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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 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 Hygiene School transcript or Certified letter from dental hygiene school dean with OFFICIAL transcript requested and forthcoming.
 - b) National Board Scores
8. Copy of state license(s) held.



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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 Dental Hygienist, 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 Hygiene License is/are held with license/permit number(s)

- e) Attach a copy of all state Dental Hygiene licenses/permits that you hold

- f) 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)

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

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

6. CPR Certification Date ___/___/___ Course Date for Infectious Disease Training ___/___/___

If your answer is yes to any of the following questions (7–13), 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.

7. 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

8. 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.

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

10. 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

11. 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

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

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

14. 11. Are you a United States citizen? Yes No

15. Have you ever taken a Dental Hygiene (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 Hygiene 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: _____

16. 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)

17. 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

Hygiene Application for 1 year Special Purpose License (No more than 10 times in a calendar year)

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 _____

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	

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