



**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 Hygiene Licensure by Regional Examination for Out of State Applicants

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

The fee for applying for Licensure by Regional Exam is \$225.00 for hygienists. 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.

If you are an out of state applicant, the application process for this type of licensure requires two applications. An application must be submitted to Professional Background Information Services (PBIS) for the purpose of Level II background verification. PBIS charges a fee for this service and payment must be made directly to PBIS. Please contact PBIS to obtain fee information and PBIS applications.

PBIS  
Professional Background Information Services  
23460 N. 19<sup>th</sup> Ave., Ste 225  
Phoenix, AZ 85027  
(602)861-5867  
[pbisonline.com](http://pbisonline.com)

The Board also requires the submission of an application. The fee for applying for Licensure by Regional Exam is \$225.00 for hygienists. Both of the fees to PBIS and the Board must be received before an application process can begin. Both fees are non-refundable. If either the PBIS application or the application to the Board is returned without the required fees, the applications will not be processed or considered.

Due to the detailed nature of the background verification, it may take 45 to 90 days for PBIS to request and received all of the required documentation. When PBIS concludes the background verification, the application will be forwarded to the Board and you will be notified. Prior to that notification any questions regarding status of the PBIS's background verification should be directed to PBIS.

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.
2. Notary signature and seal.
3. A certified check, cashier's check or money order fort total of all fees made payable to the Board of Dental Examiners of Alabama.

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

Completed board application and fee should be mailed to:

Board of Dental Examiners of Alabama  
5346 Stadium Trace Pkwy.  
Ste 112  
Hoover, Al. 35244-4583

**ALABAMA DENTAL HYGIENE LICENSURE APPLICATION**

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



| ADMINISTRATIVE<br>USE ONLY |  |
|----------------------------|--|
| Received _____             |  |
| Accepted _____             |  |
| Returned/Incomplete _____  |  |
| Rejected _____             |  |

**APPLICATION, FEES AND ALL NECESSARY CREDENTIALS MUST BE IN THE ADMINISTRATIVE OFFICE  
 IN ORDER FOR THE APPLICATION TO BE PROCESSED**

**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) \_\_\_\_\_  
 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) (County)

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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please circle the appropriate response.** Except for question #1, 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.

Hygiene Licensure by Regional Exam Application for Out of State Applicants

1. Are you a United States citizen? YES NO  
 If No, explain current residential status and provide a copy of proof of immigration status.  
 If born outside the United States, provide a copy of your Driver's License and proof of United States  
 Citizenship (certification of citizenship, naturalization certificate, record of birth of citizen abroad,  
 or passport)
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? YES NO  
 If yes, list Board/Testing Agency, dates and status \_\_\_\_\_ 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
12. (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 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 \_\_\_\_\_