For Office use:	Date Received	Approved	Returned Incomplete	Denied

Application for Registration of Portable Dental Operation

Board of Dental Examiners of Alabama
5346 Stadium Trace Parkway, Suite 112
Hoover, Alabama 35244

Phone: 205-985-7267 **E-mail: bdeal@dentalboard.org** **Fax 205-985-0674**

TYPE OR PRINT LEGIBLY USING BLUE OR BLACK INK. Read carefully 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 separate page, signed by him/her, specifying the question which it relates to, and enclose with this application.

DO NOT STAPLE ENCLOSURES TO THIS APPLICATION FORM.
(Incomplete application will be returned without processing.)

NOTICE: THIS APPLCIATION WILL NOT BE CONSIDERED UNLESS FILLED OUT COMPLETELY WITH ALL REQUIRED DOCUMENTS AND **INITIAL APPLCATION FEE $750.00** ENCLOSED

1. Name of Operator(s):

A. _____
(First Name) (Middle Name) (Last Name)

B. _____
(First Name) (Middle Name) (Last Name)

C. _____
(First Name) (Middle Name) (Last Name)

2. Official Business Title/Name for Certificate: _____

Circle One: 1. Licensed to practice dentistry in the State of Alabama

2. Tax exempt status 501 C (3) of the Internal Revenue Service Code
(Documentation evidencing approval of this status must be attached)

3. Address(es):

A. Official Business Address _____
(Street, City, State & Zip Code) (Area Code & Phone #)

B. Address(es) of associated established dental facility/facilities:

1) _____
(Street, City, State & Zip Code) (Area Code & Phone #)

2) _____
(Street, City, State & Zip Code) (Area Code & Phone #)

4. Twenty-Four (24) hour accessible phone number _____.
(Include documentation of 911 capability)

5. Names of dentist(s) providing dental service:

1. _____
(First Name) (Middle Name) (Last Name)
Alabama License Number _____
Controlled Substance permit YES or NO Expires _____
If YES; Drug Enforcement Agency Number _____Expires_____
Other permits issued by the Board of Dental Examiners of Alabama _____

2. _____
(First Name) (Middle Name) (Last Name)
Alabama License Number _____
Controlled Substance permit YES or NO Expires _____
If YES; Drug Enforcement Agency Number _____Expires_____
Other permits issued by the Board of Dental Examiners of Alabama _____

3. _____
(First Name) (Middle Name) (Last Name)
Alabama License Number _____
Controlled Substance permit YES or NO Expires _____
If YES; Drug Enforcement Agency Number _____Expires_____
Other permits issued by the Board of Dental Examiners of Alabama _____

6. Names of dental hygienist(s) providing a dental service:

1. _____
(First Name) (Middle Name) (Last Name)
Alabama License Number _____ Expires: _____

2. _____

(First Name) (Middle Name) (Last Name)

Alabama License Number _____ Expires: _____

3. _____

(First Name) (Middle Name) (Last Name)

Alabama License Number _____ Expires: _____

7. Names of non-licensed personnel:

1. _____

(First Name) (Middle Name) (Last Name)

2. _____

(First Name) (Middle Name) (Last Name)

3. _____

(First Name) (Middle Name) (Last Name)

8. Include with application a copy of the following forms to be utilized:

a. Copy of written procedure for emergency follow up care.

b. Consent form, approved by the Board, for allowing treatment of a minor.

9. Please provide copy of any applicable registration.

10. Are you a Medicaid provider? Yes/No IF Yes, Medicaid Number _____

Please provide proof of your mobile facility's approved Medicaid status

11. Name of liability carrier: _____

(Please attach proof of $1,000,000.00 general liability insurance coverage.)

I hereby certify and acknowledge that I have completed and reviewed this application. I certify and acknowledge that I am currently licensed to practice dentistry in the State of Alabama. I certify and acknowledge that all the information provided in this application is true and correct and I further acknowledge and understand that the Board is relying upon the truthfulness of this information in the issuance of the permit. I certify and acknowledge that I am familiar with and will abide by the provisions of the Alabama Dental Practice Act and any applicable Board rule in connection with the operation of a portable dental operation.

_____

Signature of Applicant LNO

STATE OF ALABAMA

COUNTY OF _____

Sworn to and subscribed before me this _____day of _____, 20_____.

_____

Notary Public

_____

My commission expires