



**BOARD OF DENTAL EXAMINERS OF ALABAMA**  
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Rule 270-X-4.10 requires that all 501(c)(3) entities which operate a dental clinic in Alabama register with the Board of Dental Examiners. The registration form is attached and must be completed and returned to the Board with the following materials:

- **A copy of A copy of the Articles of Incorporation of the 501(c)(3) entity.**
- **A valid copy of the IRS Determination Letter of the 501(c)(3) entity.**

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**Board Rule 270-X-4.10 Registration of a 501(c)(3) Dental Clinic.**

- (1) Every 501(c)(3) nonprofit entity that operates one or more dental clinics must register with the Board. Registration shall consist of completing the registration form for each clinic operated by the 501(c)(3) entity. The information required on the registration form shall be the following:
- a. Name, address, phone number and after hours contact information of the 501(c)(3) entity.
  - b. The name and contact information of the Chief of Dental Services of the 501(c)(3) entity if the 501(c)(3) entity is operating multiple clinics.
  - c. Name, address, phone number and after hours contact information for each clinic operated by the 501(c)(3) entity.
  - d. A list of all licensed dentists and hygienists that work for the 501(c)(3) entity. All licensees must have all applicable licenses and registrations as required by this chapter. Any changes to the employment/volunteer status of these licensees must be reported to the Board within thirty (30) days.
  - e. A copy of the Articles of Incorporation of the 501(c)(3) entity.
  - f. A valid copy of the IRS Determination Letter of the 501(c)(3) entity.

Statutory Authority: Code of Ala. 1975, §§34-9-7.2, 34-9-15, 34-9-17.

# **REGISTRATION OF A 501(C)(3) ENTITY**

BOARD OF DENTAL EXAMINERS OF ALABAMA  
5346 Stadium Trace Parkway Suite 112  
Hoover, Alabama 35244  
PHONE 205-985-7267



ADMINISTRATIVE USE ONLY
Received _____
Accepted _____
Incomplete/Returned _____
Denied _____

## **APPLICATION AND ALL NECESSARY CREDENTIALS AND DOCUMENTATION MUST BE RECEIVED IN THE ADMINISTRATIVE OFFICE IN ORDER FOR THE APPLICATION TO BE PROCESSED**

**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 Registration of a 501 (c)(3) Entity , for issuance a Certificate of Operation, 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. \_\_\_\_\_  
Name of 501(c)(3) Entity (Tax ID #)

- a) \_\_\_\_\_  
Entity Address (Street, City, State & Zip Code)
- b) \_\_\_\_\_  
Office Telephone Number including Area Code
- c) \_\_\_\_\_  
Facsimile Telephone Number including Area Code
- d) \_\_\_\_\_  
After Hours Emergency Phone Number

2. \_\_\_\_\_  
Name of Chief of Dental Services of 501(c)(3) Entity: (provide if the entity operates multiple clinics)

- a) \_\_\_\_\_  
Chief of Dental Services' Alabama Dental License Number
- b) \_\_\_\_\_  
Chief of Dental Services' Address (Street, City, State & Zip Code)

- c) \_\_\_\_\_  
Chief of Dental Services' Office Telephone Number including Area Code
- d) \_\_\_\_\_  
Chief of Dental Services' Facsimile Telephone Number including Area Code
- e) \_\_\_\_\_  
Chief of Dental Services' After Hours Emergency Phone Number

**3. In the space below, list the address of each clinic operated by the 501(c)(3) entity. Address and after hours phone numbers must be listed for each individual clinic.**

\_\_\_\_\_  
Clinic Name

- a) \_\_\_\_\_  
Entity Address (Street, City, State & Zip Code)
- b) \_\_\_\_\_  
Office Telephone Number including Area Code
- c) \_\_\_\_\_  
Facsimile Telephone Number including Area Code
- d) \_\_\_\_\_  
After Hours Emergency Phone Number

\_\_\_\_\_  
Clinic Name

- a) \_\_\_\_\_  
Entity Address (Street, City, State & Zip Code)
- b) \_\_\_\_\_  
Office Telephone Number including Area Code
- c) \_\_\_\_\_  
Facsimile Telephone Number including Area Code
- d) \_\_\_\_\_  
After Hours Emergency Phone Number

\_\_\_\_\_  
Clinic Name

- a) \_\_\_\_\_  
Entity Address (Street, City, State & Zip Code)
- b) \_\_\_\_\_  
Office Telephone Number including Area Code
- c) \_\_\_\_\_  
Facsimile Telephone Number including Area Code
- d) \_\_\_\_\_  
After Hours Emergency Phone Number

**If you have additional clinics to register, use document at the end of this application.**





The 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.

\_\_\_\_\_  
Applicant/Chief of Dental Services

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

SEAL

\_\_\_\_\_  
Notary Public  
County of \_\_\_\_\_ State of \_\_\_\_\_

**3. (cont.) In the space below, list the address of each clinic operated by the 501(c)(3) entity. Address and after hours phone numbers must be listed for each individual clinic.**

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Clinic Name \_\_\_\_\_

e) \_\_\_\_\_  
Entity Address (Street, City, State & Zip Code)

f) \_\_\_\_\_  
Office Telephone Number including Area Code

g) \_\_\_\_\_  
Facsimile Telephone Number including Area Code

h) \_\_\_\_\_  
After Hours Emergency Phone Number

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Clinic Name \_\_\_\_\_

e) \_\_\_\_\_  
Entity Address (Street, City, State & Zip Code)

f) \_\_\_\_\_  
Office Telephone Number including Area Code

g) \_\_\_\_\_  
Facsimile Telephone Number including Area Code

h) \_\_\_\_\_  
After Hours Emergency Phone Number

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Clinic Name \_\_\_\_\_

e) \_\_\_\_\_  
Entity Address (Street, City, State & Zip Code)

f) \_\_\_\_\_  
Office Telephone Number including Area Code

g) \_\_\_\_\_  
Facsimile Telephone Number including Area Code

h) \_\_\_\_\_  
After Hours Emergency Phone Number

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Clinic Name \_\_\_\_\_

a) \_\_\_\_\_  
Entity Address (Street, City, State & Zip Code)

b) \_\_\_\_\_  
Office Telephone Number including Area Code

c) \_\_\_\_\_  
Facsimile Telephone Number including Area Code

d) \_\_\_\_\_  
After Hours Emergency Phone Number