Thank you for your interest in Dental Licensure by Regional Exam in the State of Alabama. A requirement for this method of licensure is having passed a regional exam within five years immediately preceding sending this application. The Board of Dental Examiners of Alabama accepts all regional exams which meet the following criteria:

The Board will only accept regional dental examinations for initial dental licensure by regional exam that include a periodontal examination section conducted on a live patient and a prosthodontic examination section that includes preparation of abutment teeth on a manikin for a fixed prosthesis wherein the bridge draw is evaluated. The Board will make an exception to this requirement for any examination taken and passed before August 1, 2012, as long as no more than five (5) years have passed since the taking of said examination. (Per March 2012 Minutes.)

In state residency is defined by the Board as residing in Alabama for a minimum of one year and having a valid Alabama driver’s license and voter registration (or other document for legal alien residents.)

Please complete the attached application and submit with all required documents and payment for licensure to be considered by the Board. The fee for applying for Licensure by Regional Exam is $325.00 and is non-refundable. If the application to the Board is returned without the required fees, the application will not be processed or considered.

Final acceptance of the application will be contingent upon satisfying all requirements pursuant to the provisions of the Alabama Dental Practice Act. The open-book Jurisprudence Exam will
be sent to you after Board approval of your application. The resources for this exam are the Alabama Dental Practice Act and Board Rules which are available on our website homepage: www.dentalboard.org. Completion of the Alabama Jurisprudence Exam with a minimum score of 75% is required.

Each application must include:

1. Typewritten or printed information. Print your name on all additional pages enclosed with this application. Please indicate on the application any requested transcripts or documents that have been ordered and will be arriving under separate cover.
2. Notary signature and seal
3. One recent 2” X 2” passport-type photograph, with signature of applicant across the bottom of the photo, secured to the application
4. A copy of a current CPR card with valid expiration date
5. Documentation of completion of two hours on infectious disease training
6. Proof of completion of Hepatitis B Series or Titer
7. Copy of valid Alabama driver’s license and voter registration (or if legal alien resident, other proof of residency).
8. Official transcripts of each – directly from your school to us:
   a) Undergraduate transcript as well as transcripts of any other post-secondary curriculum
   b) Dental School transcript with “degree conferred”
9. Exam Scores
   a) Date(s) of National Boards Part I & Part II failed and passed (we can usually access your official scores)
   b) Date(s) and type of Regional Exam(s) failed and passed (we can usually access your official scores)
10. A cashier’s check or money order for total of all fees – $325.00 – payable to the Board of Dental Examiners of Alabama.

Completed application and fee should be mailed to:

Board of Dental Examiners of Alabama
5346 Stadium Trace Parkway-Suite 112
Hoover, Al 35244-4583
ALABAMA DENTAL LICENSURE BY REGIONAL EXAM APPLICATION
FOR IN STATE APPLICANT

APPLICATION, FEES AND ALL NECESSARY CREDENTIALS MUST BE RECEIVED BY THE ADMINISTRATIVE OFFICE IN ORDER FOR THE APPLICATION TO BE PLACED ON THE AGENDA FOR APPROVAL

TYPE OR PRINT LEGIBLY. Read the instruction sheet in its entirety before answering. Each question must be answered completely, truthfully and accurately. All required supporting data must accompany this application or be requested from the issuing authority. If the space for any answer is insufficient, the applicant must complete the answer on a separate sheet signed by him/her specifying the number of the question to which it relates and enclose with this application.

I hereby make application for licensure by examination, 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) ____________________________________________________________  (Area Code & Phone #)
      Resident Address (Street, City, State & Zip Code)
   b) ____________________________________________________________  (Area Code & Phone #)
      Office Address
   c) ____________________________________________________________  (Area Code & Phone #)
      Preferred Mailing Address

   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. (State maiden name if applicable.)

3. Age _______ Place of Birth ___________________________ Date of Birth __________
   (City)  (State)
   Height _______ Weight _______ Sex _______ Color of Hair _______ Color of Eyes _______

   Hepatitis Immunizations  _____/_____/____ ;  _____/_____/____ ;  _____/_____/____  OR: Titer Enclosed _______
   (Enclose documentation)  1st  2nd  3rd

   CPR Certification Date _____/_____/_____  Course Date for Infectious Disease Training _____/_____/_____
   (within 2 years -Enclose copy)  (within 2 years - Enclose copy)

_________________________ ___________________________ ___________________________ ___________________________
Received  Accepted  Incomplete / returned  Denied
4. For the past five years my address and occupations have been:

<table>
<thead>
<tr>
<th>DATE FROM</th>
<th>TO</th>
<th>Address - If employed give employers</th>
<th>Occupation</th>
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If your answer is YES to any of questions 5 -11 furnish a written statement for each occurrence stating the
complete facts, date, nature of the charge, disposition of the matter, and name and address of the authority in
possession of the records thereof.

5. 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

6. Have you ever held a bonded position?
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.

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

8. 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
   Explain ________________________________________________________________
   (d) If other than honorable discharge, 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

9. Have you ever been summoned, arrested, taken into custody, indicted, convicted, tried for,
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 or whether guilty or not. Although a conviction may have been expunged
from the records by order of the court, it nevertheless must be disclosed. Yes No

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

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

12. Are you a United States citizen or legally present in the United States? Yes No

13. I have attached the required Declaration of Citizenship or Lawful Presence of an Alien Resident
Form and proper supporting document (leave license number field blank) Yes No

14. I have ordered my undergraduate transcript(s) and my final transcript with
DDS or DMD degree conferred to be sent directly to the Board office. Yes No
EDUCATION

15. List in chronological order and include all post-secondary Schools attended

<table>
<thead>
<tr>
<th>MONTH AND YEAR</th>
<th>NAME OF COLLEGE/UNIVERSITY</th>
<th>Degree Awarded</th>
<th>Transcript Ordered</th>
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16. Are you licensed in any other state

Yes  No

If Yes: List the state(s) in which you are licensed to practice dentistry

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<thead>
<tr>
<th>STATE</th>
<th>HOW LICENSED</th>
<th>LICENSE NUMBER</th>
<th>DATE OF ISSUANCE</th>
<th>STATUS OF LICENSE</th>
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17. (A) List all Regional Exams and State Board Exams you have attempted with dates and Pass/Fail status

<table>
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<th>Name of Exam</th>
<th>Date exam was taken</th>
<th>Pass / Fail status</th>
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(B) Have you been refused dental examinations given by a state board or testing agency? Yes  No

If yes, list board/testing agency and date:

(C) Have you ever been reprimanded, had your license suspended, placed on probation, or revoked by any Board?

If YES: List boards, reasons and dates:

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Alabama Dental Licensure by Regional Examination Application For Instate Applicants revised 2017
Pg. 3
18. If you have ever practiced in any other state, provide the following certification and make a complete statement of all your practice(s) since date of graduation. Include temporary or part-time dental work. List as to each employment or period of practice:

   (1) The periods during which you were employed as a dentist, or engaged in practice, with the dates.

   (2) The addresses of the offices, or places at which you were so employed or engaged, and the names and addresses of all employers, partners, associates, or persons sharing office space, if any. If you need additional space use the bottom of the page or a separate sheet.

   (3) The type of practice. (If your practice was limited to a specialty, list the specialty).

   (4) The reason for the termination of each employment or period of practice.

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<tr>
<th>(1) INCLUSIVE DATES</th>
<th>(2) Addresses, Names of Employers, etc.</th>
<th>(3) Type of Practice</th>
<th>(4) Reason for Leaving</th>
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TESTIMONIALS OF MORAL CHARACTER

19. 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 Board of Dental Examiners of Alabama as entirely worthy of a license to practice dentistry in the state of Alabama pursuant to law.

   __________________________________________________________

   Signature          Date

   Address

20. 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 Board of Dental Examiners of Alabama as entirely worthy of a license to practice dentistry in the state of Alabama pursuant to law.

   __________________________________________________________

   Signature          Date

   Address
This form may be duplicated and sent to each state board in which you have been licensed to practice dentistry.

TO THE STATE BOARD:

Please complete this form and return to:
Board of Dental Examiners of Alabama
5346 Stadium Trace Parkway, Suite 112
Hoover, Alabama 35244

Certificate of Secretary of Board of Dental Examiners of the state in which the applicant is now practicing or has practiced.

I, ____________________________ Secretary of ________________________________
                        (Official Name of Board)

hereby certify that ________________________________

was granted state certificate No. __________ to practice _______________

in the state of __________________________ on the __________ day of ___

in the year of ______________________, on the basis of _______________________

Current license status: ________________________________

Have there been any disciplinary actions? ________________________________

If yes: ________________________________

(statement of disciplinary action or copy included)

______________________________

Acting on behalf of the ________________________________
                        (Official Name of Board)

(State Board Seal)  

Signature ________________________________

Title ________________________________
21. 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.

(C) 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 application to 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 License if it is not discovered until after issuance.

_____________________________________________
Applicant’s Signature

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, and that the attached photograph is a true likeness of the applicant.

___________________________________
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 _______