



**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 Licensure by Regional Examination for In State Applicants

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](http://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**

2x2 passport-style photograph with applicant's signature across the bottom of the photograph taped or pasted here



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

ADMINISTRATIVE  
 USE ONLY

Received \_\_\_\_\_

Accepted \_\_\_\_\_

Incomplete / returned \_\_\_\_\_

Denied \_\_\_\_\_

**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) \_\_\_\_\_  
 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. (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) 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>

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

4. For the past five years my address and occupations have been:

DATE FROM	TO	Address - If employed give employers	Occupation

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? 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.

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

MONTH AND YEAR From - To	NAME OF COLLEGE/UNIVERSITY	Degree Awarded	Transcript Ordered

16. Are you licensed in any other state Yes    No

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

STATE	HOW LICENSED	LICENSE NUMBER	DATE OF ISSUANCE	STATUS OF LICENSE

17. (A) List all Regional Exams and State Board Exams you have attempted with dates and Pass/Fail status

Name of Exam	Date exam was taken	Pass / Fail status

(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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

(1) INCLUSIVE DATES From                      To	(2) Addresses, Names of Employers, etc.	(3) Type of Practice	(4) Reason for Leaving

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  
County of \_\_\_\_\_ State of \_\_\_\_\_

SEAL