



BOARD OF DENTAL EXAMINERS OF ALABAMA
Stadium Parkway Office Center-Suite 112
5346 Stadium Trace Parkway
Hoover, Al 35244-4583
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FAX 205-985-0674
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Information Regarding Dental Licensure by Regional Examination for Out-of-State Applicants

Thank you for your interest in 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.

This process requires two applications: An application must be submitted to Professional Background Information Services (PBIS) for the purpose of a Level II background report. PBIS will bill you and payment must be made directly to PBIS. Please contact PBIS to obtain fee information, the application for the background report, and status of your report. Due to the detailed nature of the background verification, it may take from 45 to 90 days for PBIS to request and receive all of the required documentation. When PBIS concludes the background report it will be sent to the Board and you will be notified by email.

PBIS
Professional Background Information Services
23460 N. 19th Ave., Ste. 225
Phoenix, AZ 85027
(602)861-5867
pbisonline.com

The Board also requires the submission of the attached application. The license application fee is \$500.00 (\$325.00 if postmarked by March 31, 2019) and is non-refundable.

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* found 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.
2. Notary signature and seal.
3. A certified check, cashier's check or money order for total of all fees - \$500.00 (\$325 if postmarked by March 31, 2019) payable to the Board of Dental Examiners of Alabama.

Mail the completed application and fee to:

Board of Dental Examiners of Alabama
5346 Stadium Trace Pkwy
Ste. 112
Hoover, AL 35244



Administrative Use Only
Received _____
Complete _____

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

ALABAMA DENTAL LICENSURE APPLICATION BY REGIONAL EXAM
FOR OUT-OF-STATE APPLICANT

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

TYPE OR PRINT LEGIBLY USING BLACK INK. Read the instruction sheet in its entirety 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 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 (City) _____ State _____ Date of Birth _____
Height _____ Weight _____ Sex _____ Color of Hair _____ Color of Eyes _____
Hepatitis Immunizations ____/____/____; ____/____/____; ____/____/____/ OR Titer enclosed ____
(Enclose documentation) 1st m/d/y 2nd m/d/y 3rd m/d/y

4. CPR Certification Date ____/____/____ Course Date for Infections Disease Training ____/____/____
Must be within 2 years must be within 2 years

If you answer yes to any of the following questions (5 -11), for each occurrence furnish a written statement giving the complete facts, state as to each case, the date, the nature of the charge, the disposition of the matter, and the name and address of 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 (leave license number field blank) Yes No

14. (A) List all Regional Exams and/or 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 another 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? Yes No

If yes, list boards, reasons and dates: _____

15. 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 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



16. 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