



## **BOARD OF DENTAL EXAMINERS OF ALABAMA**

2229 Rocky Ridge Road  
Birmingham, AL 35216  
Office (205) 985-7267 Fax (205) 823-9006

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### **Information Regarding Dental Licensure by Regional Examination** **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 (5) years immediately preceding sending this application.

**In-state residency** is defined by the Board as:

- Having an Alabama driver's license for at least one (1) year preceding the date of your application, **and**
- Having an Alabama voter registration (or other documents for legal alien residents)

The Board of Dental Examiners of Alabama accepts all regional exams which meet the below criteria. Currently CDCA, CITA, CRDTS, SRТА, and WREB offer to meet these criteria.

#### **Patient-based Portion (Live Patient)**

- **Periodontal Scaling Content**
  - Treatment Selection & Pre-treatment
  - Case acceptance
  - Subgingival calculus detection (Treatment & Post-treatment)
  - Subgingival calculus removal
  - Supragingival plaque/stain removal
  - Tissue and treatment management
  - Periodontal probing assessment
- **Operative or Restorative Treatment Selection Requirements (Both are required)**
  - The anterior restorative procedure must be a Class III Composite Resin preparation and Restoration.
  - The posterior restorative procedure may be one of the following:
    - A Class II amalgam preparation and restoration
    - A Class II composite resin preparation and restoration

#### **Manikin-based Portion**

- **Endodontics Examination Procedures**
  - During the Endodontics Examination, each candidate will perform:
    - An access opening on a posterior tooth. Candidates must achieve direct access to all three canals.
    - An access opening, canal instrumentation and obturation on an anterior tooth. The size, shape, and extent of the prepared access opening should reflect such anatomy and will be graded accordingly.
- **Prosthodontics Examination Procedures**
  - Candidates must complete all of the following:
    - Preparation of a maxillary incisor for an all-ceramic crown
    - Preparation of a molar for a cast-metal bridge abutment crown
    - Preparation of a pre-molar for a porcelain-fused-to-metal bridge abutment crown



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### **IN-STATE LICENSURE-REGIONAL EXAM INFORMATION**

Please complete the attached application and submit with all required documents and fees for licensure to be considered by the Board, per the Alabama Dental Practice Act. Applications received without fees will not be processed or considered. The fee for applying for Licensure by Regional Exam is \$500.00 and is non-refundable.

Upon Board approval of this application, the open-book "Jurisprudence Exam" covering the Alabama Dental Practice Act and the Alabama Board of Dental Examiners Administrative Code (Board Rules) will be sent to you. Both of these can be easily located on the Board's website at [www.dentalboard.org](http://www.dentalboard.org). **The applicant must score a minimum of 75% to pass.**

#### **EACH APPLICATION MUST CONTAIN THE FOLLOWING:**

- All applications must be typewritten or printed. Include your name on all additional pages.
- Indicate on your application any requested transcripts or documents that have been ordered and will be arriving under separate cover.
- Notary signature and seal
- One recent 2x2-inch passport-type photograph secured to the application (with the applicant's signature across the top or bottom of the front of the photograph)
- Valid Alabama driver's license and voter registration (or other documents for legal alien residents)
- Official transcripts of each – directly from your school to us:
  - Undergraduate transcript as well as transcripts of any other post-secondary curriculum
  - Dental School transcript with degree conferred
- Exam Scores
  - Date (s) of National Boards Part I & Part II-whether *Passed or Failed*
    - The licensing clerk can usually access your official scores
  - Date (s) and type of Regional Exam (s)-whether *Passed or Failed*
    - The licensing clerk can usually access your official scores
- A copy of your current CPR card
- Documentation of completion of 2 hours training-infectious disease
- Proof of completion of Hepatitis B Series or Titer
- Cashier's check or money order for total of all fees (\$500.00) payable to the **Board of Dental Examiners of Alabama.**
- **Required Declaration of Citizenship and Lawful Presence of an Alien Resident form**

Completed application and fee should be mailed to:

**Board of Dental Examiners of Alabama  
2229 Rocky Ridge Road  
Birmingham, AL 35216**

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



Board of Dental Examiners of Alabama  
2229 Rocky Ridge Road  
Birmingham, AL 35216  
205-985-7267

ADMINISTRATIVE USE ONLY  
Received \_\_\_\_\_  
Accepted \_\_\_\_\_  
Incomplete / returned \_\_\_\_\_  
Denied \_\_\_\_\_

**ALABAMA DENTAL LICENSURE BY REGIONAL EXAM APPLICATION**  
**IN-STATE APPLICANT**

Read requirements for in-state status on information page

**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 page 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 (Enclose documentation) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_; \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_; \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ OR: Titer Enclosed \_\_\_\_\_  
1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>

CPR Certification Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(within 2 years -Enclose copy)

Course Date for Infectious Disease Training \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(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

19. In what part of Alabama do you plan to practice (if known)? \_\_\_\_\_

20. Have you ever practiced General Anesthesia or Parenteral Sedation? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If you answered "Yes," list on a separate sheet all instances of morbidity or mortality that have occurred in connection with your use of general anesthesia and/or parenteral sedation. Include a detailed explanation of any such occurrences.

21. If issued this license, will you be employed by any other person or entity? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes," state the name of the employer as shown on the Alabama Secretary of State's website, whether the employer is owned in part by an Alabama-licensed dentist, and the name(s) of the dentist-owner(s).

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**TESTIMONIALS OF MORAL CHARACTER**

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

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 DENTAL BOARD:

Please complete this form and return to:

Board of Dental Examiners of Alabama  
2229 Rocky Ridge Road  
Birmingham, AL 35216

*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.

\_\_\_\_\_  
Applicant's Signature

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