



BOARD OF DENTAL EXAMINERS OF ALABAMA

2229 Rocky Ridge Road
Birmingham, AL 35216

Office (205) 985-7267 Fax (205) 823-9006

Information Regarding Dental Licensure by Regional Examination **OUT-OF-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.

You are an **out-of-state applicant** if you are not registered to vote in Alabama **or** if you have not had an Alabama driver's license for at least one (1) year immediately preceding the date of your application.

The Board of Dental Examiners of Alabama accepts all regional exams which meet the below criteria. Currently CDCA, CITA, CRDTS, SRTA, 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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OUT-OF-STATE LICENSURE-REGIONAL EXAM INFORMATION

The application process for this type of license requires two applications. The first application must be submitted to Professional Background Information Services (PBIS) for the purpose of a Level II background verification. PBIS will bill you an initial fee for this service (note that some surcharges could be added by PBIS). Payment must be made directly to PBIS.

To obtain the PBIS application, call or by visit their website:

PBIS

23460 N. 19th Ave., Suite 225
Phoenix, AZ 85027

Phone: (602) 861-5867

www.pbisonline.com

Fax: (602) 861-9656

Due to the detailed nature of the background verification, it may take 45 to 90 days for PBIS to request and receive all the required documentation. When PBIS concludes their background verification, the application will be forwarded to the Board and you will be notified. Prior to that notification, any questions regarding the status of the PBIS's background verification should be directed to PBIS.

The second application (below) is submitted directly to the Board. The fee for applying for Licensure by Regional Exam (Out-of-State) is \$500.00 for a dentist. The fees to the Board and PBIS must be received before the application process can begin. These fees are 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 at the bottom of Board's website at www.dentalboard.org. **You must score a minimum of 75% to pass.**

If you have any questions about the procedure for obtaining Licensure by Regional Exam (Out-of-State), please call the Board's office at (205) 985-7267 and ask to speak with the licensing clerk.

EACH APPLICATION MUST CONTAIN THE FOLLOWING:

- All applications must be typewritten or printed. Include your name on all additional pages.
- Notary signature and seal
- 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



Administrative Use Only

Received _____

Complete _____

Board of Dental Examiners of Alabama

2229 Rocky Ridge Road Birmingham,

AL 35216

205-985-7267

ALABAMA DENTAL LICENSURE APPLICATION BY REGIONAL EXAM

OUT-OF-STATE APPLICANT

Read definition of out-of-state resident on Information Page

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.

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

17. 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.

18. 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).

The State of _____
County of _____

Applicant's Signature

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

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 _____