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, SRTA, and WREB offer to meet these criteria.

Patient-based Portion (Live Patient)—NOTE: These items may be tested on manikins through May 31, 2021

• Periodontal Scaling Content
  o Treatment Selection & Pre-treatment
  o Case acceptance
  o Subgingival calculus detection (Treatment & Post-treatment)
  o Subgingival calculus removal
  o Supragingival plaque/stain removal
  o Tissue and treatment management
  o Periodontal probing assessment

• Operative or Restorative Treatment Selection Requirements (Both are required)
  o The anterior restorative procedure must be a Class III Composite Resin preparation and Restoration.
  o 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
  o 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
  o 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
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. 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

Licensure by Regional Exam (Dentist) IN STATE-Application-Revised 8-2019
ALABAMA DENTAL LICENSURE BY REGIONAL EXAM APPLICATION
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 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)

   b) __________________________________________
      Office Address

   c) __________________________________________
      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 (Enclose documentation) 1st______ 2nd______ 3rd______

   OR: Titer Enclosed ______

   CPR Certification Date___/___/_______ Course Date for Infectious Disease Training___/___/_______
   (within 2 years -Enclose copy) (within 2 years - Enclose copy)

Licensure by Regional Exam (Dentist)-IN STATE Application-Revised 8-2019
4. For the past five years my address and occupations have been:

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<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? 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 investigatory 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 (form is at top of our licensing page in RED; leave license/permit 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>
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<tr>
<th>MONTH AND YEAR From - To</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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<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

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<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: __________________________________________

____________________________________

____________________________________

____________________________________

____________________________________

Licensure by Regional Exam (Dentist)-IN STATE Application-Revised 02-2020
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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<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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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).

_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
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
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 deprecate 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

SEAL

County of ______ State of ________________