



BOARD OF DENTAL EXAMINERS OF ALABAMA

2229 Rocky Ridge Road
Birmingham, AL 35216

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

Information Regarding Dental Hygiene Licensure by Regional Examination **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 (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) NOTE: These items may be tested on manikins through June 30, 2021

- **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

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 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.



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The second application (below) is submitted directly to the Board. The fee for applying for Licensure by Regional Exam (Out-of-State) is \$250.00 for a dental hygienist. 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 on the 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 (\$250.00) 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**



Alabama Dental Hygiene Licensure by Regional Exam Application
Out-of-State Applicant

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

Board of Dental Examiners of Alabama
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Birmingham, Alabama 35216
(205) 985-7267

TYPE OR PRINT LEGIBLY. Read carefully before answering. Each question must be answered fully, 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 page, signed by him/her, specifying the number of the question, which it relates to, and enclose with this application.

I hereby make application for licensure by examination, for issuance to me of a certificate of qualification as a Dental Hygienist, 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) _____
 Present 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. (If female, state maiden name if applicable)

3. Age _____ Place of Birth _____ Date of Birth _____
 _____ (City) (State) (County)
 Height _____ Weight _____ Sex _____ Color of Hair _____ Eyes _____ Complexion _____

Hepatitis Immunizations _____ / _____ / _____ ; _____ / _____ / _____ ; _____ / _____ / _____ OR: Titer Enclosed
 (Enclose documentation of: 1st 2nd 3rd)

CPR Certification Date _____ / _____ / _____ Course Date for Infectious Disease Training _____ / _____ / _____

Please circle the appropriate response. Except for question #1, if yes, please furnish (on separate page) a written statement. As to convictions or actions against license, include dates, name and nature of offense, identification of court or license entity and any penalty and punishment imposed.

1. Are you a United States citizen? YES NO
 If No, explain current residential status and provide a copy of proof of immigration status.
 If born outside the United States, provide a copy of your Driver's License and proof of United States Citizenship (certification of citizenship, naturalization certificate, record of birth of citizen abroad, or passport)
2. Have you ever been convicted of a felony or a misdemeanor involving moral turpitude? YES NO
3. Have you ever been convicted of violating any federal or state laws relating to narcotics or controlled substances? YES NO
4. Have you ever undergone treatment for any substance or alcohol abuse or problems? YES NO
5. Have you been afflicted with a contagious or infectious disease? (Do not list childhood diseases) YES NO
6. List all dental hygiene Regional examinations passed and failed with dates: _____ YES NO
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7. Have you ever been refused or denied a license or permit in any state? YES NO
8. List all states in which you hold a license. _____
9. Has any action been taken against you license in any other state? YES NO
10. Is there any action pending against your license? YES NO
12. (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 understand that this application in its entirety must be received in order for the jurisprudence exam to be scheduled.
- (D) 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 examination given by 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 Hygiene License if it is not discovered until after issuance.
13. In what part of Alabama do you plan to practice (if known)? _____

 Applicant Signature /Date

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.

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 _____

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