

ALABAMA DENTAL HYGIENE BOARD EXAM LICENSURE APPLICATION

Board of Dental Examiners of Alabama

2229 Rocky Ridge Road
Birmingham, AL 35216
(205) 985-7267



1. An unmounted passport photograph, 2x2, of applicant taken not more than six months before date of application, must be securely pasted or taped to this space and must not be larger than space provided. Applicant signature required on photograph.

ADMINISTRATIVE USE ONLY
Received _____
Accepted _____
Returned/Incomplete _____
Rejected _____

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

TYPE OR PRINT LEGIBLY USING BLACK INK. Read carefully before answering. Each question must be answered fully, truthfully, and accurately. All supporting documents requested must accompany this application. If the space for any answer is insufficient, you must complete the answer on a separate page, signed, specifying the number of the question it relates to, and enclose with this application. DO NOT STAPLE ENCLOSURES TO THIS APPLICATION FORM.

I hereby make application for licensure by board 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) _____
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 a 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 _____

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

License Application for ADHP Graduates

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 arrested or convicted for a felony or a misdemeanor involving moral turpitude? YES NO
3. Have you ever been arrested or convicted for 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. Have you ever taken a dental hygiene (clinical) examination given by another Board or testing agency? YES NO
If yes, list Board/Testing Agency, dates and status _____ Pass Fail
_____ Pass Fail _____ Pass Fail
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

11. (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 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.

 Applicant Signature

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.

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 _____

Certificate of Moral Character

To be completed by TWO reputable references, dentists when possible (NOT THE DENTIST-INSTRUCTOR), who have known the applicant for at least two years. Print TWO copies of this page, and provide one to each of your two affiants.

THIS CERTIFIES, that I have personally known _____
for _____ years and know him or her to be of good moral character, and hereby recommend him or her to the Board of Dental Examiners of Alabama as being worthy of the privilege of practicing Dental Hygiene in Alabama, pursuant to law.

Name	(Signature)				
<hr/>					
Address	(No.)	(Street)	(City)	(State)	(Zip)
<hr/>					
Occupation	DATE				

Dental Hygiene Education:

Dental Hygiene School/Program attended: _____

Address of School: _____
Address

_____ City State Zip

Date of graduation _____ Official Transcript Enclosed _____

Transcript requested will be sent under separate cover _____

Anticipated date of graduation _____ / _____ / _____
(Certificate of Dean required pending receipt of final transcript)

CERTIFICATE OF DEAN OF HYGIENE SCHOOL GRANTING DIPLOMA

I hereby certify that _____ matriculated in the _____
on the _____ day of _____ and attended _____
course of instruction, graduating or will graduate with the diploma of _____
on the _____ day of _____, _____.

Signature of Dean

SEAL