



BOARD OF DENTAL EXAMINERS OF ALABAMA

2229 Rocky Ridge Road
Birmingham, AL 35216

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

Dental Hygiene Licensure by Regional Examination

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 your sending this application.

The Board of Dental Examiners of Alabama accepts all regional exams that meet the following 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 that you fill out the entire application below, AND request a background report from B&B Reporting, Inc. Most background checks performed by B&B cost less than \$100.00. To apply for the background check from B&B, click on the green link on the license applications page on the Board's website. From www.dentalboard.org, click on "Professionals > State Licensure Applications," and click on the green link labeled "Apply for Background Report."

B&B usually completes their investigation within a few weeks. When you request a report, you can request a copy. While you are waiting for a copy, any questions regarding the status of B&B's background verification should be directed to B&B.



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You must submit your application for a license to practice dental hygiene in Alabama directly to the Board. The application fee is \$250.00. The fee to the Board must be received before the application process can begin. The Board's licensing 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. The Act and Rules are available 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, please call the Board's office at (205) 985-7267 and ask to speak with the licensing clerk.

EACH APPLICATION MUST CONTAIN THE FOLLOWING:

- Application must be typewritten or printed.
- Notary signature and seal
- A photocopy of your current driver's license or state-issued non-driver identification card
- Official dental hygiene school transcript with degree conferred, directly from your school to us
- Exam Scores
 - Date(s) of National Boards – whether *Passed or Failed*
 - The Board usually can obtain your official scores if you released them to Alabama
 - Date(s) and name of testing agency for Regional Exam(s) – whether *Passed or Failed*
 - The Board usually can obtain your official scores
- A copy of your current CPR card
- Documentation of completion of training in infectious disease control
- Proof of completion of Hepatitis B Series or Titer
- Cashier's check or money order for total of all fees (\$250.00) payable to the **Board of Dental Examiners of Alabama**.
- Declaration of Citizenship and Lawful Presence of an Alien Resident form, available at <https://www.dentalboard.org/professionals/state-licensure-applications/>

Completed application and fee should be mailed to:

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

5. For the past five years my addresses and occupation(s) have been:

DATE FROM	TO	Address - If employed give employers	Occupation

Please circle the appropriate response. If your answer is YES to any of questions 6 –12, provide a written statement, on a separate page, 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. As to convictions or actions against a license, include dates, name and nature of offense, identification of court or license entity and any penalty and punishment imposed.

- 6. Have you ever been convicted of a felony or a misdemeanor involving moral turpitude or of any law dealing with the administering or dispensing of legend drugs, including controlled substances? YES NO
- 7. Have you ever been convicted of violating any federal or state laws relating to narcotics or controlled substances? YES NO
- 8. Have you ever undergone treatment, or been diagnosed, for any substance or alcohol abuse or problems? YES NO
- 9. Have you been afflicted with a contagious or infectious disease? (Do not list childhood diseases) 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. List all dental hygiene examinations—state board, national board, and regional—passed and failed with dates:

(A)

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 or had your license suspended, placed on probation, or revoked by any Board? YES NO

If YES: List boards, reasons and dates:

12. Have you ever been refused or denied a license or permit in any state? YES NO

List all states in which you hold a license:

STATE	HOW LICENSED	LICENSE NUMBER	DATE OF ISSUANCE	STATUS OF LICENSE

13. 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 hygiene work.

List as to each employment or period of practice:

- (a) The periods during which you were employed as a dental hygienist, or engaged in practice, with the dates.
- (b) 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 a separate sheet.
- (c) 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

14. Has any action been taken against your license in any other state? YES NO

15. Is there any action pending against your license in any state? YES NO

16. I have attached the **REQUIRED** Declaration of Citizenship or Lawful Presence of an Alien Resident form and proper supporting documents (leave license/permit number blank). REQUIRED FOR ALL Applicants YES
The form is at <https://www.dentalboard.org/professionals/state-licensure-applications/>

17. I have ordered my final transcript with degree conferred to be sent directly to the Board office. YES
REQUIRED FOR ALL Applicants

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

Application continues on next page.

Print 2 copies of this page;
send one to each affiant;
2 testimonies are required.

TESTIMONIAL 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.

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 dental hygiene in the state of Alabama.

Print Name

Signature

Date

Address

19. 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 enclosed a cashier's 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; that I am not omitting any information which might be of value to this Board in determining my qualifications and character, whether it is asked 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.

Sworn and subscribed to before me, this ___ day of _____, 20___, to certify which witness my hand and official seal of office.

Notary Public

SEAL

My Commission Expires