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 the 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 Dec. 31, 2022**

- **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
LICENSURE BY REGIONAL EXAM INFORMATION

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.

Submit your application for a license to practice dentistry in Alabama directly to the Board. The fee for applying for Licensure by Regional Exam is $500.00. The fee to the Board must be received before the application process can begin. The Board’s licensing fees are non-refundable.

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.

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 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 office at (205) 985-7267 and ask to speak with the licensing clerk.

EACH APPLICATION MUST CONTAIN THE FOLLOWING:

- The application must be typewritten or printed legibly.
- Indicate on your application any requested transcripts or other documents that have been ordered and will be arriving under separate cover.
- Notary signature and seal
- A photocopy of your current driver’s license or state-issued non-driver identification card
- Official dental school transcript with degree conferred, sent directly to us by your school
- Exam Scores
  - Date(s) of JCNDE National Board Exam Parts I II or integrated exam—whether Passed or Failed
    - The Board usually can obtain your official scores if you checked “AL BOARD” for scores to be made available
  - Date(s) and name of testing agency of 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 (can be taken online)
- Proof of completion of Hepatitis B Series or Titer
• Copy of your DEA permit(s) if applicable
• Cashier’s check or money order for total of all fees ($500.00) payable to the Board of Dental Examiners of Alabama.
• Declaration of Citizenship and Lawful Presence of an Alien Resident form, and all required supporting documents. The form is available at https://www.dentalboard.org/professionals/state-licensure-applications/.

Completed application, fee, and all required documents must be mailed to:

Board of Dental Examiners of Alabama
2229 Rocky Ridge Road
Birmingham, AL 35216
ALABAMA DENTAL LICENSURE BY REGIONAL EXAM APPLICATION

APPLICATION, FEES, AND ALL NECESSARY DOCUMENTS MUST BE RECEIVED BY THE BOARD OFFICE IN ORDER FOR THE APPLICATION TO BE PLACED ON THE AGENDA FOR APPROVAL

TYPE OR PRINT LEGIBLY. Read the instructions in their entirety before answering. Each question must be answered completely, truthfully, and accurately. All required supporting documents must accompany this application or you must ask the issuing authority to send them to us. If the space for any answer is insufficient, the applicant must complete the answer on a separate signed sheet, specifying the number of the question to which it relates, and enclose the answer 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) __________________________________________________________________________________________
      Residence Address (Street, City, State, Zip Code) ____________________________ (Area Code & Phone #)
   b) __________________________________________________________________________________________
      Office Address (Street, City, State, Zip Code) ____________________________ (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 a Certified Copy of such order. (State maiden name if applicable.)

3. Age _______ Place of Birth ____________________________ Date of Birth _________
   (City) ____________________________ (State)

   Hepatitis Immunization dates __/__/________/________/________/________/________/________ OR: Titer Enclosed _______
   (Enclose documentation) 1st 2nd 3rd

4. CPR Certification Date _____/_____/________ Course Date for Infectious Disease Training _____/_____/________
   (within 2 years - Enclose copy) (within 2 years - Enclose copy)
5. For the past five years my addresses and occupations have been:

<table>
<thead>
<tr>
<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 6-12, 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.

6. 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

7. Have you ever held a bonded position? Yes No

If so, specify on an enclosure the nature of the position(s), dates, amount of bond, and whether anyone ever sought to recover upon your bond or to cancel same.

8. Have you ever been dropped, suspended, expelled, or disciplined by any school or college for any cause? Yes No

9. 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

10. 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 minor traffic violations, but not excluding DUI/DWI) 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

11. Have you ever been declared a ward of any court, or adjudged incompetent, or been committed to any institution? Yes No

12. Have you ever been:

a. addicted or received treatment for drugs or substance abuse, or been diagnosed as addicted? Yes No

b. afflicted or diagnosed with a contagious or infectious disease? (excluding childhood diseases) Yes No

13. Are you a United States citizen or legally present in the United States? Yes No

I have attached the required Declaration of Citizenship or Lawful Presence of an Alien Resident Form and proper supporting document (leave license number field blank)

14. I have ordered my final transcript with DDS or DMD degree conferred to be sent directly to the Board office.
15. (A) List all Regional Exams and/or State Board Exams you have attempted with dates and Pass/Fail results

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<tr>
<th>Name of Exam</th>
<th>Date exam was taken</th>
<th>Pass / Fail results</th>
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(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, or had your license suspended, placed on probation, or revoked by any board?  
Yes  No

If yes, list boards, reasons and dates: __________________________________________

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. 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).

________________________________________________________________________________________

19. List in chronological order all dental schools attended

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<thead>
<tr>
<th>MONTH AND YEAR</th>
<th>NAME OF COLLEGE/UNIVERSITY</th>
<th>Degree Awarded</th>
<th>Transcript Ordered</th>
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20. 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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<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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21. 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:

   a. The periods during which you were employed as a dentist, 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 the bottom of the page or a separate sheet.

   c. The type of practice. (If your practice was limited to a specialty, list the specialty).

   d. The reason for the termination of each employment or period of practice.

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<tr>
<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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22. List your current and past federal Drug Enforcement Administration (DEA) permit numbers, if any; and any state drug agency numbers, with name of state; and provide photocopies of all. If you have ever been denied, restricted, or had any action against any drug registrations, provide all information pertaining thereto.

<table>
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<tr>
<th>DEA permit #</th>
<th>State attached to DEA</th>
<th>Date Issued</th>
<th>Expiration date</th>
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**TESTIMONIAL OF MORAL CHARACTER**

I offer the following character reference, who is not 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 dentistry in the state of Alabama pursuant to law.

_________________________________________  __________________________
Signature                                        Date

_________________________________________
Address

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

County of ______ State of ________________

My commission expires: ________________