



BOARD OF DENTAL EXAMINERS OF ALABAMA
2229 Rocky Ridge Rd
Birmingham, AL 35216
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INFORMATION REGARDING SPECIAL PURPOSE LICENSE

Thank you for your interest in a Special Purpose License to practice dentistry across state lines for the State of Alabama. The requirements for this method of licensure are listed in Code of Alabama, (1975), § 34-9-10 and Board Rule 270-X-2-.18. Please see also Ala. Code (1975), §§ 34-9-1, 34-9-3, 34-9-5, 34-9-6, 34-9-7, 34-9-7.1, 34-9-12, and 34-9-18. Please carefully review these requirements to ensure that you are eligible for this type of license.

The application process for this type of license requires two forms. An application must be submitted to B&B Reporting, Inc. for a background check. B&B charges a fee for this service and payment must be made directly to them. Their website is [here](#).

The Board also requires the submission of its own application form. The fee for applying for a Special Purpose License is four hundred fifty dollars and 00/100 (**\$450.00**). The fee to the the Board must be received before processing of the application can begin. The fee is non-refundable.

Due to the detailed nature of the background verification, it may take several weeks for the Board to receive the required documentation. You may find a copy of Board Rule 270-X-2-.18, which sets forth in detail the requirements for a Special Purpose License, on the Board's website, www.dentalboard.org.

It is also a requirement that an applicant for a Special Purpose License successfully pass a written jurisprudence examination to be administered by the Board. The exam will be provided after the license application has been approved by the Board.

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APPLICATION FOR SPECIAL PURPOSE LICENSE TO PRACTICE DENTISTRY ACROSS STATE LINES

TYPE OR PRINT LEGIBLY USING BLACK INK. Read instructions before answering. Each question must be answered completely, truthfully, and accurately. All supporting information requested must accompany this application. If the space provided for any answer is insufficient, the applicant must complete the answer on an additional sheet signed by him/her, specifying the number of the question it answers. Enclose such answers with this application.

I hereby make application for a special purpose license, for issuance to me of a certificate of qualification as a dentist, all in accordance with and subject to the laws of Alabama and the rules of the Board of Dental Examiners of Alabama.

1. _____
(First Name) (Middle Name) (Last Name) (Social Security #)
- a) _____
Residential Address (Street, City, State & Zip Code) (Area Code & Phone #)
- b) _____
If Residence is not Permanent Address please list Permanent Address (Area Code & Phone #)
- c) _____
Place of Practice - Address (Area Code & Phone #)
- d) _____
State(s) Dental license is held with license/permit number(s)
- e) 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 therefor, 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. Place of Birth _____ Date of Birth _____
(City) (State) (Country)

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

5. CPR Certification Date ____/____/____ Course Date for Infectious Disease Training ____/____/____

If your answer is yes to any of the following questions (7-13), for each occurrence furnish a written statement giving the complete facts; state as to each case the date, the nature of the charge, the disposition of the matter, and the name and address of 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 position, dates, amount of bond and whether or not 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

If so explain _____

d) If discharge was other than honorable, 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, or tried for, or 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 investigative agency in any matter? This includes all such incidents no matter how minor the infraction. Yes No

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

12. Have you ever been addicted or received treatment for drugs, chronic or persistent inebriety, or afflicted with a contagious or infectious disease? Yes No

14. Are you a United States citizen or legally present? Include Declaration of Citizenship and Lawful Presence of an Alien Resident **FORM** Yes No

15. Have you ever taken a dental/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

a) Have you been refused dental/dental hygiene examinations given by another Board or testing agency?

Yes No

If yes, list Board /Testing Agency and date: _____

b) Have you ever been reprimanded, had your license suspended, placed on probation, or revoked by any Board? Yes No

If yes, list Boards, reasons and dates: _____

16. Reason for requesting a Special Purpose License: _____

17. 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 for this application and any license issued pursuant to this application. I understand that this applicant/license fee is non-refundable. 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; that I am not omitting any information which might be of value to this Board in determining my qualifications and character, whether it is specifically requested or not; that I agree that any falsification, omission, or withholding of information or facts concerning my qualifications as an applicant shall be sufficient to bar me from this or any future examination given or license granted by 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.

The B&B application and background verification is an intricate part of the process of applying for a Special Purpose License and therefore the B&B application is considered a part of this application. I understand and affirm that by signing this application I am representing to the Board that all the information supplied to B&B and/or included is true and correct as evidenced by the notary requirements below.

State of: _____

County of: _____

Signature of Applicant

_____, 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.

Subscribed and sworn to before me this _ day of ____, 20__ Witness my hand and seal hereunto attached.

Notary Signature
My commission Expires _____