

Date Received	Date Inspected	Approved	Denied	Assigned Permit #
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# Portable Dental Unit-Permit

# Mobile Dental Unit-Permit



## Initial & Renewal Application

<b>PORTABLE</b> Dental Unit	
<b>Initial Application</b> <b>\$750.00</b>	<b>Renewal</b> <b>\$500.00</b>
(Mark appropriate)	

<b>MOBILE</b> Dental Unit	
<b>Initial Application</b> <b>\$750.00</b>	<b>Renewal</b> <b>\$500.00</b>
(Mark appropriate)	

### Application Instructions

- Mark the appropriate permit requested and type above (Initial or Renewal)
- Complete the application and attach all required documents
- Make certified check/money order payable to: **Board of Dental Examiners of Alabama**
- Mail the completed application and payment to:
  - **BDEAL, 2229 Rocky Ridge Road, Birmingham, AL 35216**
- **NOTE:** Incomplete applications will be denied. All fees are non-refundable.

## GENERAL INFORMATION

Name of Operator(s):

\_\_\_\_\_

\_\_\_\_\_

Official Business Title/Name for Certificate: \_\_\_\_\_

Licensed to practice dentistry in the state of Alabama

IRS tax exempt status 501(c)(3) (Attach documentation)  
(Mark appropriate)

Business Address: \_\_\_\_\_  
Street City State Zip

Business Phone: \_\_\_\_\_ Phone assigned to Mobile/Portable Unit: \_\_\_\_\_

Affiliated Dental Facility Address: \_\_\_\_\_  
Street City State Zip

Affiliated Dental Facility Address: \_\_\_\_\_  
Street City State Zip

Email Address(es) \_\_\_\_\_

**PERSONNEL INFORMATION**

**Dentist (s) providing care:**

Name: \_\_\_\_\_ AL Dental License #: \_\_\_\_\_

Name: \_\_\_\_\_ AL Dental License #: \_\_\_\_\_

Name: \_\_\_\_\_ AL Dental License #: \_\_\_\_\_

**Dental Hygienist (s) providing care:**

Name: \_\_\_\_\_ AL Dental Hygiene License #: \_\_\_\_\_

Name: \_\_\_\_\_ AL Dental Hygiene License #: \_\_\_\_\_

Name: \_\_\_\_\_ AL Dental Hygiene License #: \_\_\_\_\_

**Non-licensed personnel:**

Name: \_\_\_\_\_ Role/Responsibility: \_\_\_\_\_

Name: \_\_\_\_\_ Role/Responsibility: \_\_\_\_\_

Name: \_\_\_\_\_ Role/Responsibility: \_\_\_\_\_

**COVERAGE INFORMATION**

Are you a Medicaid provider? Yes No  
(Mark appropriate)

IF yes, Medicaid Number \_\_\_\_\_  
(Provide proof of Medicaid status approval for mobile/portable Unit)

Name of liability carrier: \_\_\_\_\_  
(Provide proof of \$1,000,000.00 general liability insurance coverage)

**MOBILE DENTAL unit ONLY**

Is the mobile dental facility a vehicle? Yes No  
(Mark appropriate)

Is the mobile dental unit a trailer/will be towed? Yes No  
(Mark appropriate)

Driver Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Driver Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_

### ATTESTATION OF UNDERSTANDING

I hereby attest that I have reviewed and fully completed this application, to include attachments of any required documentation and fees. I attest that all the information provided in this application is true and correct and I further acknowledge and understand that the Board is relying upon the truthfulness of this information in the issuance of this permit.

I authorize the Board of Dental Examiners to secure additional information to verify any information provided by me or my references, as needed.

I attest that any falsifications, omissions, or withholding of information of facts concerning my qualifications as an applicant shall be sufficient grounds to bar me from this or any future application requests to the Board of Dental Examiners of Alabama. I attest that I am familiar with and will abide by the provisions of the Alabama Dental Practice Act and any applicable administrative rules (board rules) in connection with the operation of a portable/mobile dental operation.

\_\_\_\_\_  
Signature of Applicant

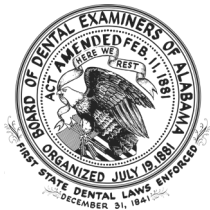
STATE OF ALABAMA  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

<SEAL>

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires



## Board of Dental Examiners of Alabama

2229 Rocky Ridge Road, Birmingham, AL 35216

205.985.7267

[www.dentalboard.org](http://www.dentalboard.org)

### Application Checklist

Fully completed application

Certified check/money order for the application fee

Documents:

Copy of phone bill showing Portable/Mobile Unit phone has 9-1-1 capability

Medicaid Status documentation, if applicable

Liability Insurance documentation

Copy of written policies/procedures for emergency follow-up care

Copy of written policies/procedures for patients to obtain records

Copy of written policies/procedures with phone number for patient's questions

Copy of written policies/procedures and consent form for Treatment of Minor

(Mobile Dental Unit only) Copy of Vehicle registration/insurance

(Mobile Dental Unit only) Copy of Drivers' License for mobile unit driver

**NOTE:** Do not submit this application for a new permit or for a renewal until the full application is completed with accompanying documentation and attached fees. Incomplete applications will not be processed. All fees are non-refundable.