



BOARD OF DENTAL EXAMINERS OF ALABAMA  
2229 Rocky Ridge Rd.  
Birmingham, AL 35216  
PHONE 205-985-7267  
FAX 205- 823-9006

### **Application for Dental Hygiene Licensure For ADHP Graduates**

- This application is for an ADHP graduate who has passed all required exams including the State Board Exam administered by CITA, the Comprehensive Exam, and the jurisprudence exam.
- Incomplete applications **will be denied and returned. The fee will not be refunded.**
- Completed applications **must be postmarked by May 30 to be on the July 7 agenda** for board review. **All required documents must accompany the application even if the same ones were already submitted for entrance into the ADHP course.**
- Final acceptance of the application will be contingent upon satisfying all requirements pursuant to the provisions of the Alabama Dental Practice Act.

#### **Each application must include:**

- |   |           |                          |
|---|-----------|--------------------------|
| 1. <b>B&amp;B Background report</b> – We obtain your report after you have ordered and paid for it (link on this licensing page) (link is on this licensing page) | Ordered   | <input type="checkbox"/> |
| 2. <b>Citizenship or Legal Alien form with appropriate document</b> (link on this licensing page)   | Attached  | <input type="checkbox"/> |
| 3. One <b><u>SIGNED (on the picture)</u></b> 2X2 <i>passport photograph</i> of applicant, secured to application  | Attached  | <input type="checkbox"/> |
| 4. Documentation of completion of <b>Hepatitis B Immunizations</b> - titer is acceptable  | Attached  | <input type="checkbox"/> |
| 5. Proof of <b>current CPR</b> status (copy of card or certificate)   | Attached  | <input type="checkbox"/> |
| 6. Proof of <b>one hour of infectious disease training</b> within the past two years  | Attached  | <input type="checkbox"/> |
| 7. TWO Certificates of Moral Character (legibly completed and signed)   | Attached  | <input type="checkbox"/> |
| 8. Printed name on all additional pages enclosed with this application  | Done      | <input type="checkbox"/> |
| 9. Notary signature and seal on application   | Notarized | <input type="checkbox"/> |
| 10. A <b>cashier's check or money order</b> for total fee made payable to the Board of Dental Examiners of Alabama for <b><u>Total Fee: \$75.00</u></b>           | Attached  | <input type="checkbox"/> |

Mail or FedEx or UPS complete application with **all required documents and payment to:**

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

# ALABAMA DENTAL HYGIENE BOARD EXAM LICENSURE APPLICATION

Board of Dental Examiners of Alabama

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



ADMINISTRATIVE USE ONLY

Received \_\_\_\_\_

Accepted \_\_\_\_\_

Returned/Incomplete \_\_\_\_\_

Rejected \_\_\_\_\_

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.

**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)

Hepatitis Immunizations \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_; \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_; \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ OR: Titer Enclosed  
(Enclose documentation of: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>)

CPR Certification Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (MUST INCLUDE COPY OF CARD)

Course Date for Infectious Disease Training \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (MUST INCLUDE COPY OF CERTIFICATE)

**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 alcohol, 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, states and deposes 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 \_\_\_\_\_

## Testimonial of Moral Character

**Testimonials from 2 people are required.** Must be by reputable references, (NOT THE DENTIST-INSTRUCTOR) who have known the applicant for at least two years.

This Certifies that I have personally known

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PRINT Name of applicant

for \_\_\_\_\_ years and know him/her to be of good moral character, and hereby recommend him/her to the Board of Dental Examiners of Alabama as being worthy of the privilege of practicing Dental Hygiene in ALabama, pursuant to law.

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Printed Name

Signature

---

Street Address

City

State

Zip

---

Occupation

Date

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This Certifies that I have personally known

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PRINT Name of applicant

for \_\_\_\_\_ years and know him/her to be of good moral character, and hereby recommend him/her to the Board of Dental Examiners of Alabama as being worthy of the privilege of practicing Dental Hygiene in ALabama, pursuant to law.

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Date