



## **BOARD OF DENTAL EXAMINERS OF ALABAMA**

2229 Rocky Ridge Road  
Birmingham, AL 35216  
Office (205) 985-7267 Fax (205) 823-9006

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### **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 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 and pre-treatment
- Case acceptance
- Subgingival calculus detection (treatment and post-treatment)
- Subgingival calculus removal
- Supragingival plaque/stain removal
- Tissue and treatment management
- Periodontal probing assessment

Submit the below application for a license to practice dental hygiene in Alabama directly to the Board. The full application, all documents, the B&B Background check, and fees must be received by the board in order for you application to be processed. All fees are non-refundable. The application fees are:

- **DENTAL HYGIENE:  
\$350.00**

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](http://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.



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### **Dental Hygiene Licensure by Regional Examination**

#### **EACH APPLICATION MUST CONTAIN THE FOLLOWING (Checklist):**

- Complete the application and have it notarized
- Order your official dental hygiene transcript with degree conferred to be sent directly to the Board office
  - Or emailed to [linda@dentalboard.org](mailto:linda@dentalboard.org)
- Apply and pay for a background report from B&B Reporting, Inc. To apply for the background check, click on this link: [B & B Link for Background Check](#)
- Release your National Board scores to the Board of Dental Examiners of Alabama
- Attach the required documents:
  - Two (2) “Testimony of Moral Character” affidavits
  - Proof of Hepatitis-B series OR proof of titer
  - Current CPR certification (must have been an “in-person” course)
  - Proof of 2 hours of continuing education on Infection Control
  - Copy of state driver’s license or state ID card
  - Copy Declaration of Citizenship and Lawful Presence of an Alien Resident form, and all required supporting documents. The form is available at [Declaration of Citizenship and Legal Resident Form](#).
- Check/Money Order for **\$350.00** payable to the Board of Dental Examiners of Alabama (BDEAL)

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

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



**Please check 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 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 or citizen abroad, or passport.)
2. Have you ever been convicted of a felony or a misdemeanor involving moral turpitude?  
Yes    No
3. Have you ever been convicted of violating any federal or state laws relating to 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. \_\_\_\_\_
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 your license in any other state? Yes    No
10. Is there an action pending against your license? Yes    No
11. What school conferred your degree, state located, date, and what degree did you earn? \_\_\_\_\_

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12. (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 understand the 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; I am not omitting any information which might be of value to the Board in determining my qualifications and character, whether it is called for or not; and I agree that any falsification, 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.

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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 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 \_\_\_\_\_

Two Testimonies must be included in the packet.

## **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 or dental hygiene in the state of Alabama pursuant to law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

**MAIL OR EMAIL OR FAX THIS FORM DIRECTLY TO:**  
**Board of Dental Examiners of Alabama**  
**2229 Rocky Ridge Rd,**  
**Birmingham, AL 35216**  
email: [linda@dentalboard.org](mailto:linda@dentalboard.org) Fax: 205-823-9006

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Signature

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