



BOARD OF DENTAL EXAMINERS OF ALABAMA

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

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, 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. **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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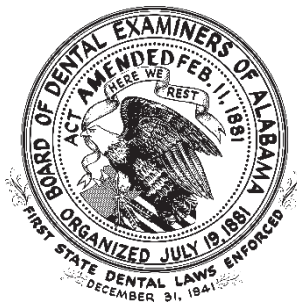
Dental Hygiene Licensure by Regional Examination

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
- Apply/pay/request 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**



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Birmingham, AL 35216
(205) 985-7267

ALABAMA DENTAL HYGIENE LICENSURE BY REGIONAL EXAM APPLICATION

TYPE OR PRINT LEGIBLY. Each question must be answered fully, truthfully, and accurately. All supporting documentation must accompany this application (see attached checklist). If the space for the answer is insufficient, you may include additional pages that shall contain the following: Question number referenced, your printed name, your signature, and the date.

I hereby make application for licensure by 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.

Biographical Data

Name: _____
(First Name) (Middle Name) (Last Name)

Date of Birth: _____ SS#: _____

Home Address (Street, City, State & Zip Code) _____

Office Address (Street, City, State & Zip Code) _____

Preferred Mailing Address: _____ Home _____ Office

Office Phone: _____ Home or Cell Phone: _____

Email address: _____

Have you ever been known by any other name? _____ Yes* _____ No
*If yes, please attach applicable documentation.

Hepatitis Immunizations: 1) _____ 2) _____ 3) _____
or Titer documentation enclosed

CPR Certification Date: _____ Infectious Disease Training Date: _____

General Questions

1. Are you a citizen of the United States? _____YES _____NO*
(Attach copy of driver's license, certification of citizenship, naturalization certification, birth certificate, or passport)
*If no, attach documentation of current residential/immigration status.
2. Have you ever been arrested or convicted for any criminal offense? _____YES _____NO
3. Have you ever undergone treatment for substance or alcohol abuse? _____YES _____NO
4. Have you ever been afflicted with a contagious/infectious disease? _____YES _____NO

Education/Licensing Questions

1. List Regional Exams (clinical) taken regardless of whether you passed or failed:

Regional Exam	Date (mm/yyyy)	Pass/Fail

2. List all states in which you hold dental hygiene licensure:

State	License #	License Status

3. Have you ever been denied or refused licensure in any state? _____YES _____NO
4. Have you ever had any action taken against your license? _____YES _____NO
5. Is there any action pending against any license you hold? _____YES* _____NO
*If yes, attach a written explanation along with applicable documentation.

6. List your degree information

College/School	State	Degree/Certificate	Date Graduated

Have you ordered your Transcript for this application process? _____YES _____NO

Attestation

I, _____, 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 call for or not. I agree that any falsifications, withholdings, or omissions from this or any future examination given by the Board of Dental Examiners of Alabama shall serve as sufficient grounds for the suspension, cancellation, or revocation of my Alabama Dental Hygiene license.

I hereby give permission to the Board of Dental Examiners of Alabama to secure additional information from any person or source concerning me or any statements provided by me within this application. I further agree to submit to questioning by the Board or appropriate board staff to confirm any information contained within this application.

I have attached payment for this application made payable to the Board of Dental Examiners of Alabama. I understand that all application fees are non-refundable/non-transferable.

I understand that only a fully completed application will be accepted and processed by the Board. Once a fully completed application has been processed, then the jurisprudence exam will be scheduled.

Applicant's Signature

State of: _____

County of: _____

Before me, the undersigned authority, on this day 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

(Two Testimonials must be included in this packet)

Testimonial of Moral Character

I offer the following character references, who are not related to me nor a former instructor of any dental hygiene program I've attended.

This certifies that I have been personally acquainted with _____
for at least _____ years. 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 Dental Hygiene in the state of Alabama, pursuant to law.

Signature

Date

Address

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Signature

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Address