



BOARD OF DENTAL EXAMINERS OF ALABAMA

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

LICENSURE BY CREDENTIALS

Thank you for your interest in Licensure by Credentials in Alabama. The requirements for this method of licensure are listed in the Alabama Dental Practice Act, Ala. Code (1975), § 34-9-10; and Ala. Admin. Code Rule 270-X-2-.19. **Please review these requirements carefully to be sure that you are eligible for this type of licensure.** The Act and the Rules are linked from the home page of our website (www.dentalboard.org).

Submit the below application for a license to practice dentistry or 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:

- **DENTIST: \$2,500.00**
- **DENTAL HYGIENIST: \$1,400.00**

Under Ala. Code (1975), § 34-9-10, any licensee must be a citizen of the United States or, if not a citizen of the United States, a person who is legally present in the United States with appropriate documentation from the federal government; and must have received his/her dental or dental hygiene education in a CODA-accredited school.

Please complete the application and submit it with all required documents and fees for licensure to be considered by the Board. Applications received without fees will not be processed or considered.

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. **You must score a minimum of 75% to pass.**

If you have any questions about the procedure for obtaining Licensure by Credentials, please call the Board office at (205) 985-7267 and ask to speak with the licensing clerk.



BOARD OF DENTAL EXAMINERS OF ALABAMA

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

EACH APPLICATION MUST CONTAIN THE FOLLOWING:

- The application must be complete.
- Indicate on your application any requested or documents that have been ordered and will be arriving under separate cover.
- Apply and pay for a background report from B&B Reporting, Inc. (B&B will send one to the Board when complete.) Click on this link: [B & B Link for Background Check](#)
- Notary signature and seal
- A photocopy of your current driver's license or state-issued non-driver identification card
- Official dental school transcript with degree conferred, directly from your school to us
- A copy of your current CPR card - Must be taken in-person.
- Two Moral character affidavits.
- Two Affidavits for proof of clinical practice.
- Documentation of completion of training in infectious disease control (can be taken online)
- Proof of completion of Hepatitis B Series or Titer
- Copy of your DEA permit(s), if applicable
- Cashier's check or money order for total of all fees payable to the **Board of Dental Examiners of Alabama.**
- Declaration of Citizenship and Lawful Presence of an Alien Resident form, and all supporting documents.
The form is available at: [Declaration of Citizenship and Legal Resident Form.](#)

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

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

5. For the past five years my addresses and occupations have been:

DATE FROM	TO	Address - If employed give employers	Occupation

If your answer is YES to any of questions 6-12, furnish a written statement for each occurrence stating the complete facts, date, nature of the charge, disposition of the matter, and name and address of the 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 the position(s), dates, amount of bond, and whether 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
 Explain _____
 - (d) If other than honorable discharge, 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, tried for, charged with, or pleaded guilty to the violation of any law or ordinance or the commission of any felony or misdemeanor (excluding minor traffic violations, but not excluding DUI/DWI) 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 or whether guilty or not. Although a conviction may have been expunged from the records by order of the court, it nevertheless must be disclosed. Yes No
11. Have you ever been declared a ward of any court, or adjudged incompetent, or been committed to any institution? Yes No
12. Have you ever been:
- a. addicted or received treatment for drugs or substance abuse, or been diagnosed as addicted? Yes No
 - b. afflicted or diagnosed with a contagious or infectious disease? (excluding childhood diseases) Yes No
13. Are you a United States citizen or legally present in the United States? Yes No
 I have attached the required **Declaration of Citizenship or Lawful Presence of an Alien Resident** Form and proper supporting document (leave *license number* field blank) Yes No
14. I have ordered my **final transcript with DDS or DMD degree conferred** to be sent directly to the Board office. Yes No

15. (A) Have you been refused dental examinations given by another board or testing agency? **Yes** **No**

If yes, list board/testing agency and date: _____

(B) Have you ever been reprimanded, or had your license suspended, placed on probation, or revoked by any board? **Yes** **No**

If yes, list boards, reasons and dates: _____

16. In what part of Alabama do you plan to practice (if known)? _____

17. Have you ever practiced General Anesthesia or Parenteral Sedation? Yes_____ No_____ If you answered "Yes," list on a separate sheet all instances of morbidity or mortality that have occurred in connection with your use of general anesthesia and/or parenteral sedation. Include a detailed explanation of any such occurrences.

18. If issued this license, will you be employed by any other person or entity? Yes_____ No_____ If "yes," state the name of the employer as shown on the Alabama Secretary of State's website, whether the employer is owned in part by an Alabama-licensed dentist, and the name(s) of the dentist-owner(s).

19. List in chronological order all dental schools attended

MONTH AND YEAR From - To	NAME OF COLLEGE/UNIVERSITY	Degree Awarded	Transcript Ordered

20. Are you licensed in any other state? **Yes** **No**

If **Yes**: List the state(s) in which you are licensed to practice dentistry or dental hygiene

STATE	HOW LICENSED	LICENSE NUMBER	DATE OF ISSUANCE	STATUS OF LICENSE

21. If you have ever practiced in any other state, provide the following certification and make a complete statement of all your practice(s) since date of graduation. Include temporary or part-time dental or hygiene work. List as to each employment or period of practice:

- a. The periods during which you were employed as a dentist or hygienist, or engaged in practice, with the dates.
- b. The addresses of the offices, or places at which you were so employed or engaged, and the names and addresses of all employers, partners, associates, or persons sharing office space, if any. If you need additional space use a separate sheet.
- c. The type of practice. (If your practice was limited to a specialty, list the specialty).

d. The reason for the termination of each employment or period of practice.

(1) INCLUSIVE DATES From To	(2) Addresses, Names of Employers, etc.	(3) Type of Practice	(4) Reason for Leaving

22. List your current and past federal Drug Enforcement Administration (DEA) permit numbers, if any; and any state drug agency numbers, with name of state; and provide photocopies of all. If you have ever been denied, restricted, or had any action against any drug registrations, provide all information pertaining thereto.

DEA permit #	State attached to DEA	Date Issued	Expiration date

23. Clinical Proof

List two (2) people who can provide proof that you have been in active dental clinical practice or full-time dental education for no less than five thousand (5000) hours over the five (5) year period immediately preceding the application. Suggested sources may include a partner, employer or associate, referring dentist, dental school personnel, or other health professionals. If currently employed by the federal government, military, or a dental school, attach an affidavit from the commanding officer or dean and that specifies that you are “in good standing.” **Send the attached affidavit** to each of these people for completion. They must return the completed affidavit directly to the Board office.

Name	Profession	Address	Phone

24. Moral Character References

Provide two (2) character references, who cannot be relatives or employees. They must be individuals who know you on a personal basis, not just professionally. No more than one (1) reference can be the same as those listed as sources for Proof of Clinical Practice above. **Send the attached affidavit** to each of these people for completion. They must return the completed affidavit directly to the Board office.

Name	Profession	Address	Phone

Two affidavits are required per application.

NOTARIZED AFFIDAVIT FOR PROOF OF CLINICAL PRACTICE

This affidavit **MUST NOT** be completed by the applicant.

This affidavit **MUST NOT** be sent back to the applicant.

If currently employed by the Federal government, military, or a dental school, one affidavit must be from the commanding officer or dean, and must specify that the applicant is "in good standing."

Type or Print Applicant's Name:

Type or print neatly – information must be readable.

I, _____, the undersigned, do of my own personal knowledge make the following statements and declare them to be true. That:

- 1. My profession is _____
- 2. I have known _____, the applicant, for the last five consecutive years.
- 3. I attest to the knowledge that the applicant has engaged in; (please check a or b)

- (a) Active clinical practice of dentistry for the past five years
- (b) practice of full-time dental education for the last five years

for no less than five thousand (5,000) hours over the five (5) year period immediately preceding the application.

- 4. I have this knowledge of the applicant during the past five years because

The following **address** and **phone number** is the most current and valid for me to be reached for further verification of any information relating to this affidavit:

Area code + phone # _____

Signed by my own hand and sworn under the pains and penalties of perjury this ____ day of _____, 20____

Signature of Affiant

SUBSCRIBED AND SWORN before me this

____ day of _____, 20____

Notary Public

My Commission Expires

INCOMPLETE AFFIDAVITS OR AFFIDAVITS NOT NOTARIZED CANNOT BE ACCEPTED

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 Fax: 205-823-9006**

NOTARIZED AFFIDAVIT FOR PROOF OF CLINICAL PRACTICE

This affidavit **MUST NOT** be completed by the applicant.

This affidavit **MUST NOT** be sent back to the applicant.

If currently employed by the Federal government, military, or a dental school, one affidavit must be from the commanding officer or dean, and must specify that the applicant is "in good standing."

Type or Print Applicant's Name: _____

I, _____, the undersigned, do of my own personal knowledge make the following statements and declare them to be true. That:

1. My profession is _____
2. I have known _____, the applicant, for the last five consecutive years.
3. I attest to the knowledge that the applicant has engaged in; (please check a or b)
 - (a) Active clinical practice of dentistry for the past five years
 - (b) practice of full-time dental education for the last five years

for no less than five thousand (5,000) hours over the five (5) year period immediately preceding the application.

4. I have this knowledge of the applicant during the past five years because

The following **address** and **phone number** is the most current and valid for me to be reached for further verification of any information relating to this affidavit:

Area code + phone # _____

Signed by my own hand and sworn under the pains and penalties of perjury this ___ day of _____, 20__

Signature of Affiant

SUBSCRIBED AND SWORN before me this _____ day of _____, 20__

Notary Public

My Commission Expires

INCOMPLETE AFFIDAVITS OR AFFIDAVITS NOT NOTARIZED CANNOT BE ACCEPTED

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 Fax: 205-823-9006

Two testimonies are required.

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 Fax: 205-823-9006

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 Fax: 205-823-9006

25. 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.
- 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 application to 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 License if it is not discovered until after issuance.

Applicant's Signature

The 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.

Applicant's Signature

Sworn and subscribed to before me, this _____ day of _____, 20_____, to certify which witness my hand and official seal of office.

Notary Public

County of _____ State of _____

My commission expires: _____

SEAL