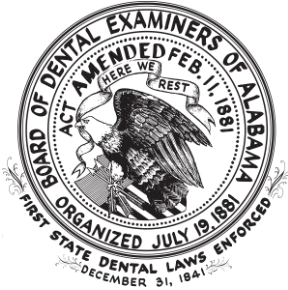


Date Received	Date Inspected	Approved	Denied	Assigned Permit #
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# Portable Dental Operations

# Mobile Dental Facilities

## Initial & Renewal Application

<b>PORTABLE</b> Dental Operations	
<input type="checkbox"/> <b>Initial Application</b> \$750.00 (Mark appropriate)	<input type="checkbox"/> <b>Renewal</b> \$500.00

<b>MOBILE</b> Dental Facilities	
<input type="checkbox"/> <b>Initial Application</b> \$750.00 (Mark appropriate)	<input type="checkbox"/> <b>Renewal</b> \$500.00

### Application Instructions

- Mark the appropriate permit type and whether it is an initial application or renewal!
- Type or print application (If more room needed for information, you may add pages)
- Ensure all questions are answered completely and accurately
- All supporting documents must accompany the application
- Fee must accompany application

**Applications will not be processed unless fully completed. All fees are non-refundable.**

### 1. Name of Operator(s):

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### 2. 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)

**3. Contact Information:**

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Business Address (Street, City, State, Zip)	Phone
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Affiliated Dental Facility (Street, City, State, Zip)	Phone
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Affiliated Dental Facility (Street, City, State, Zip)	Phone
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Contact Email Address(es)

**4. Phone number assigned to portable/mobile unit**

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\*24 hour accessible

\*Documentation of 9-1-1 capability (e.g., copy of phone bill)

**5. Dentist(s) information (providing care):**

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(1) Full Name	Alabama Dental License #
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AL Controlled Substance Permit #	DEA #
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Additional BDEAL permits (e.g., OCS, PA, GA, Portable, Mobile)

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(2) Full Name	Alabama Dental License #
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AL Controlled Substance Permit #	DEA #
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Additional BDEAL permits (e.g., OCS, PA, GA, Portable, Mobile)

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(3) Full Name	Alabama Dental License #
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AL Controlled Substance Permit #	DEA #
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Additional BDEAL permits (e.g., OCS, PA, GA, Portable, Mobile)

**6. Names of dental hygienist(s) providing a dental service:**

\_\_\_\_\_  
(1) Full Name Alabama Dental Hygiene License #

\_\_\_\_\_  
(2) Full Name Alabama Dental Hygiene License #

\_\_\_\_\_  
(3) Full Name Alabama Dental Hygiene License #

**7. Names of non-licensed personnel:**

\_\_\_\_\_  
(1) Full Name

\_\_\_\_\_  
(2) Full Name

\_\_\_\_\_  
(3) Full Name

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

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

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

**10. MOBILE DENTAL FACILITY ONLY**

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

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

\_\_\_\_\_  
(1) Driver Full Name Driver's License # and State

\_\_\_\_\_  
(2) Driver Full Name Driver's License # and State

\_\_\_\_\_  
(3) Driver Full Name Driver's License # and State

**11. Additional Required Documents**

- Copy of written procedure for emergency follow-up care, to include how patient can get copy of chart, phone number for patient to call with treatment-related questions
- Consent form for allowing treatment of a minor
- MOBILE Dental Facility only: Copy of registration and insurance for vehicle/trailer

**ATTESTATION OF UNDERSTANDING**

I hereby certify and acknowledge that I have reviewed and completed this application. I certify and acknowledge that I am currently licensed to practice dentistry in the State of Alabama. I certify and acknowledge 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 the permit. I certify and acknowledge 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 dental operation.

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

\_\_\_\_\_  
AL Dental License #

STATE OF ALABAMA

COUNTY OF \_\_\_\_\_

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

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

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