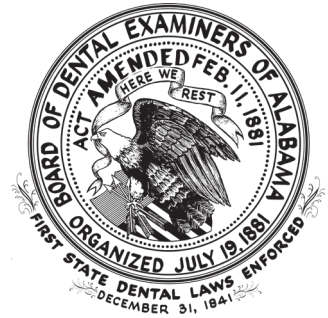


Date Received:	Date Processed:	Date of Training:	Date Issued:
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Dental Hygiene Infiltration Anesthesia Permit Application



DENTAL HYGIENE LICENSE # H. _____

Infiltration Anesthesia Permit \$100.00
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Application Instructions

- Complete Form and attach all required documentation
- Attach fee (check/money order)-All fees non-refundable
 - Mail completed application/fee to: **BDEAL, 2229 Rocky Ridge Road, Birmingham, AL 35216**

PERSONAL INFORMATION

Name: _____ Date: _____

Office Address: _____
Street City County State Zip

Office Phone: _____ Email: _____

Home Address: _____
Street City County State Zip

Home Phone: _____ Cell Phone: _____

REQUIRED QUESTIONS

1. Have you been actively engaged in providing Dental Hygiene in the 12 months immediately preceding this application? Y N
2. Have you completed the required training for this permit? Y N
(See Code of Ala. (1975) §34-9-60.1)

REQUIRED TRAINING

(Mark Appropriate)

- **Minimum thirty-two (32) hours of training in the administration of infiltration anesthesia in a Board-approved course.**

Course Name: _____

Presenter: _____ Date Completed: _____

- **I received certification in infiltration anesthesia by a Board-approved entity/organization.**

Course Name: _____

Presenter: _____ Date Completed: _____

ATTESTATION OF EMPLOYING DENTIST

I hereby attest that the applicant has been employed full-time as a dental hygienist in the twelve (12) months immediately preceding the date of this application.

Dentist's Name: _____ AL Dental License #: _____

Dentist's Signature

Date

ATTESTATION OF APPLICANT

I hereby attest that I have reviewed and fully completed this application, to include attachments of any required documentation and fees. I attest that I am a currently licensed to practice dental hygiene in the State of Alabama. I attest 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 this permit.

I hereby attest that I have personally reviewed all applicable provisions of the Alabama Dental Practice Act and Alabama Administrative Code (Board Rules) pertaining to this permit.

I attest that any falsifications, omissions, or withholding of information of facts concerning my qualifications as an applicant shall be sufficient grounds to bar me from this or any future application requests to the Board of Dental Examiners of Alabama. I attest that any falsifications, omissions, or withholding of information of facts concerning my qualifications as an applicant shall be sufficient grounds for disciplinary action up to and to include revocation of my Alabama Dental License if it is not discovered until after issuance.

Signature

Date

STATE OF _____)

COUNTY OF _____)

Sworn to and subscribed before me this _____ day of _____, 20_____

<SEAL>

Notary Signature

My commission expires: _____

Checklist for Submissions

- _____ Completed application with payment.
- _____ In state applications – (UAB) copy of certificate for completion of program
- _____ Out of state – copy of certificate of completion, documenting a minimum of 32 hours of training
- _____ Out of state applicants with current permit – copy of certificate of completion, and copy of current anesthesia permit