



BOARD OF DENTAL EXAMINERS OF ALABAMA

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

Dental Licensure by Regional Examination

Thank you for your interest in Dental 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.

- **Periodontal Scaling Content**
 - Treatment Selection & Pre-treatment
 - Case acceptance
 - Subgingival calculus detection (Treatment & Post-treatment)
 - Subgingival calculus removal
 - Supragingival plaque/stain removal
 - Tissue and treatment management
 - Periodontal probing assessment

- **Operative or Restorative Treatment Selection Requirements (Both are required)**
 - The anterior restorative procedure must be a Class III Composite Resin preparation and restoration.
 - The posterior restorative procedure may be one of the following:
 - A Class II amalgam preparation and restoration
 - A Class II composite resin preparation and restoration

Manikin-based Portion

- **Endodontics Examination Procedures**
 - During the Endodontics Examination, each candidate will perform:
 - An access opening on a posterior tooth. Candidates must achieve direct access to all three canals.
 - An access opening, canal instrumentation and obturation on an anterior tooth. The size, shape, and extent of the prepared access opening should reflect such anatomy and will be graded accordingly.
 -

- **Prosthodontics Examination Procedures**
 - Candidates must complete all of the following:
 - Preparation of a maxillary incisor for an all-ceramic crown
 - Preparation of a molar for a cast-metal bridge abutment crown
 - Preparation of a pre-molar for a porcelain-fused-to-metal bridge abutment crown



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DENTAL LICENSURE BY REGIONAL EXAM INFORMATION

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, all requested documents, and fees must be received by the Board in order for your application to be processed. All fees are non-refundable. The application fees are:

- **DENTIST: \$700.00**

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.

EACH APPLICATION PACKET MUST CONTAIN THE FOLLOWING:

- _____ The application must be complete with all documents attached that are to be provided by Dentist.
- _____ Indicate on your application any requested transcript or other documents that have been ordered and will be arriving under separate cover.
- _____ Complete background check. [B & B Link for Background Check](#) (B&B will send a copy to the Board.)
- _____ 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, sent directly to the Board by your school
- _____ Exam Scores
 - Date(s) of JCNDE National Board Exam Parts I II or integrated exam-whether *Passed or Failed*
 - The Board can usually obtain your official scores if you checked "AL BOARD" for scores to be made available
 - Date(s) and name of testing agency of Regional Exam(s)-whether *Passed or Failed*
 - The Board usually can obtain your official scores
- _____ A copy of your current CPR card
- _____ Documentation of completion of training in infectious disease control (can be taken online)
- _____ Proof of completion of Hepatitis B Series or Titer
- _____ Two copies of Moral Character forms.
- _____ Copy of your DEA permit(s) if applicable
- _____ Cashier's check/money order for total of all fees (\$700.00) payable to the **Board of Dental Examiners of AL.**
- _____ 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](#).

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

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



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Birmingham, AL 35216
205-985-7267

ADMINISTRATIVE USE ONLY	
Received	_____
Accepted	_____
Incomplete / returned	_____
Denied	_____

ALABAMA DENTAL LICENSURE BY REGIONAL EXAM APPLICATION

APPLICATION, FEES, AND ALL NECESSARY DOCUMENTS MUST BE RECEIVED BY THE BOARD OFFICE IN ORDER FOR THE APPLICATION TO BE PLACED ON THE AGENDA FOR APPROVAL

TYPE OR PRINT LEGIBLY. Read the instructions in their entirety before answering. Each question must be answered completely, truthfully, and accurately. All required supporting documents must accompany this application or you must ask the issuing authority to send them to us. If the space for any answer is insufficient, the applicant must complete the answer on a separate signed sheet, specifying the number of the question to which it relates, and enclose the answer with this application.

I hereby make application for licensure by examination, for issuance to me of a certificate of qualification as a General Dentist, all in accordance with and subject to the laws of Alabama and the rules and regulations of the Board of Dental Examiners of Alabama.

- | | | | |
|--------------|---------------|-------------|---------------------|
| _____ | _____ | _____ | _____ |
| (First Name) | (Middle Name) | (Last Name) | (Social Security #) |

 - _____ (Area Code & Phone #)
Residence Address (Street, City, State, Zip Code)
 - _____ (Area Code & Phone #)
Office Address (Street, City, State, Zip Code)
 - _____ (Area Code & Phone #)
Preferred Mailing Address

Email address: _____

2. Have you ever been known by any other name? _____ If yes, state in full every other name by which you have been known, the reason thereof, and inclusive dates so known: _____

If change was made by court order, enclose a Certified Copy of such order. (State maiden name if applicable.)

3. Age _____ Place of Birth _____ Date of Birth _____
(City) (State)

Hepatitis Immunization dates _____ / _____ / _____ ; _____ / _____ / _____ ; _____ / _____ / _____ OR: Titer Enclosed _____
(Enclose documentation) 1st 2nd 3^r

4. CPR Certification Date _____ / _____ / _____ Course Date for Infectious Disease Training _____ / _____ / _____
(within 2 years -Enclose copy) (within 2 years - Enclose copy)

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 Required for all applicants
14. I have ordered my **final transcript with DDS or DMD degree conferred** to be sent directly to the Board office. Yes Required for all applicants

15. (A) List all Regional Exams and/or State Board Exams you have attempted with dates and Pass/Fail results

Name of Exam	Date exam was taken	Pass / Fail results

(B) Have you been refused dental examinations given by another board or testing agency? **Yes** **No**
 If yes, list board/testing agency and date: _____

(C) 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

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 work. List as to each employment or period of practice:

- a. The periods during which you were employed as a dentist, 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 the bottom of the page or 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

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 in the state of Alabama pursuant to law.

Signature

Date

Address

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Signature

Date

Address

23. 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 that 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.

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

SEAL

Notary Public

County of _____ State of _____

My commission expires: _____