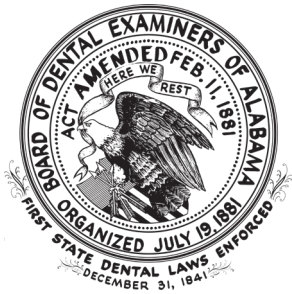


Date Received	Payment Enclosed	Assigned Permit #
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# Alabama Dental Hygiene Program

## Instructor Certification

### Application (2023-2024 Cycle)

**November 18, 2022**  
 Joe Wheeler State Park, Rogersville, AL  
 (Sponsored by the 8<sup>th</sup> District Dental Society)

**\$75.00**

**DEADLINE: 11/07/2022**  
 (Mark appropriate)

**OR**

**February 5, 2023**  
 UAB-Alumni Weekend  
 Hyatt-Regency (Hoover, AL)

**\$75.00**

**DEADLINE: 01/23/2023**  
 (Mark appropriate)

### Application Instructions

- Choose/mark which class you are attending from the above choices
- Complete application and attach fee (check/money order) due on/before above deadline
  - **NOTE:** All fees are non-refundable/non-transferable
  - **NOTE:** WALK-UPS or WALK-INS will not be allowed!
- Mail completed application/fee to: BDEAL, 2229 Rocky Ridge Road, Birmingham, AL 35216

### INSTRUCTOR APPLICANT INFORMATION

**Name:** \_\_\_\_\_ **License #:**   D.  

**Preferred\* email address:** \_\_\_\_\_  
\*To be used for all ADHP-related correspondence

**Practice Name:** \_\_\_\_\_

**Practice Address:** \_\_\_\_\_  
Street City State Zip

**Practice Phone:** \_\_\_\_\_ **Business Hours:** \_\_\_\_\_

**Practice Classification:** PRIVATE INSTITUTIONAL MILITARY ASSOCIATE  
(Check One)

**Area of Practice:** GENERAL PEDO PERIO ORTHO OTHER: \_\_\_\_\_  
(Check One)

### ADHP STUDENT-HYGIENIST INFORMATION

**Sponsored Student's Name:** \_\_\_\_\_

## GENERAL INFORMATION

1. Number of hours per week you practice at the above clinic? \_\_\_\_\_
  2. Will your ADHP student-hygienist practice at this location? Y    N
  3. Will your ADHP student-hygienist have the opportunity to complete the required 150 prophylactic patient treatments at this practice? Y    N
  
  4. Will the prophylactic patients have permanent or mixed dentition only, be at least 15 years of age, and have subgingival calculus allowing your student to become proficient in the detection and removal of this calculus? Y    N
  5. Are there any other actively certified ADHP-Instructors at this clinic? Y    N
    - a. If yes, please list names and license #'s: \_\_\_\_\_  
\_\_\_\_\_
  6. Do you practice at any other clinic? Y    N
    - a. If yes, please list name, address, phone, and business hours of this clinic(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  7. Will any other currently enrolled ADHP student-hygienist train at the above primary clinic other than your student? Y    N
    - a. If yes, please list student's name and sponsoring dentist: \_\_\_\_\_  
\_\_\_\_\_
- 

## ATTESTATION

I attest all of the information I have provided on this application is true and correct. I have reviewed all the requirements for participation in the Alabama Dental Hygiene Program and will ensure my sponsored student and I abide by those requirements.

\_\_\_\_\_  
ADHP-Instructor Applicant Signature

\_\_\_\_\_  
Date