



Alabama Dental Hygiene Program Student Application

CHECKLIST

STOP: All boxes on the below checklist are to be marked, upon completion. The checklist must be signed to ensure you have completed all the required documentation prior to you submitting this application! Incomplete applications and/or ineligible applicants will be denied. All fees are non-refundable.

I have attached a fully completed application (pgs. 1-6) to attend the ADHP Course.

I have attached a check/money order for \$1,575.00-tuition for this course. I acknowledge this fee is non-refundable.

I understand I will be required to purchase the Student Resource Kit at Orientation to participate in the course. I understand this cost is not included in the tuition.

I have attached the following required documents to this application:

Passport photo of applicant (only 1 required)

CPR Training (In-person course required)

Infectious Disease Training

High School Transcript/GED or college transcript

Hepatitis B Series Documentation OR Positive Titer Documentation (Series or positive Titer must be completed prior to the date of my application)

I have completed the B & B Background Check Report: [Click here to find Background Check Link](#)

I understand the employment requirements must be met on or before the date of my application (e.g., minimum 24 months of full-time, employed dental assisting or approved equivalent within the preceding 36 months before the date of my application).

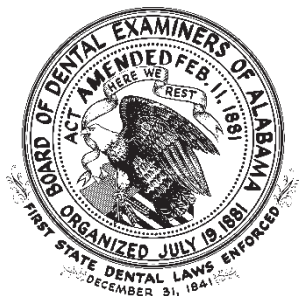
I have reviewed all the information concerning this course, to include: my responsibilities, the responsibilities of my sponsoring dentist, and the Academic Integrity Policy. I have personally accessed the ADHP site on the Board's website (www.dentalboard.org/ADHP) to review this information.

My sponsoring dentist and I have reviewed this application packet for eligibility, completeness, and accuracy. We have signed this checklist in acknowledgement.

ADHP-Student Applicant Signature

ADHP-Instructor Signature

Date Received: _____	Date Processed: _____	Accepted (Circle One) Denied
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Alabama Dental Hygiene Program

Application (2023-2024)

All Applications MUST be postmarked by April 30th

APPLICANT INFORMATION

Name: _____ SS#: _____

Date of Birth: _____ Place of Birth: _____
(City/State)

Home Address: _____

Street
City
County
State
Zip

Home or Cell Phone #: _____ Clinic Phone #: _____

Preferred Email Address*: _____
*Will be used for All ADHP-related correspondence

Date applicant hired by sponsoring dentist: _____

Total number of months employed as chair-side dental assistant: _____

Applicant's previous dental employer, if applicable: (Continue on a separate sheet of paper and attach, if needed)

Past Dental Employer Name: _____ Dates of Employment: _____
(Start Date AND End Date)

Past Dental Employer Name: _____ Dates of Employment: _____
(State Date AND End Date)

REQUIRED TRAINING/IMMUNIZATION INFORMATION

Hepatitis Immunization Dates*: 1st: _____ 2nd: _____ 3rd: _____
Or *Provide Documentation of Series or Positive Titer Documentation

CPR Certification Date: _____ (Copy of Card/Certificate Enclosed)

Infectious Disease Training Date: _____ (Copy of Documentation Enclosed)

EMPLOYMENT/SPONSOR INFORMATION

Sponsoring Dentist Name: _____ License #: _____ D _____

Dentist's Preferred Email Address: _____

Date ADHP-Instructor Course Attended: _____ ADHP-Instructor # _____ IC _____

Practice Name: _____ Area of Practice: _____

Practice Address: _____

Street
City
County
State
Zip

EDUCATION

High School: _____
Name City State

Graduation Year: _____

If GED, program administered by: _____

Completion Date: _____

Name listed on transcript: _____

List any other formal education or CODA-approved Dental Assisting Program you have received with names of institutions and dates completed, along with applicable transcript(s):

REQUIRED QUESTIONS

- | | | |
|---|----------|----------|
| 1. Are you a citizen of the United States? | Y | N |
| a. If no, provide copy of proof of immigration status with your application. | | |
| 2. Have you ever been arrested or convicted of any criminal offense? | Y | N |
| a. If yes, please explain: _____ | | |
| _____ | | |
| 3. Have you undergone any treatment for substance/alcohol abuse? | Y | N |
| a. If yes, date/location of treatment and type of treatment: _____ | | |
| _____ | | |
| 4. Have you ever been diagnosed with a contagious or infectious disease? | Y | N |
| a. If yes, please explain: _____ | | |
| _____ | | |
| 5. Have you ever held any dental-related licensure? | Y | N |
| a. If yes, provide license #, state, and status: _____ | | |
| b. If yes, is there any pending or final disciplinary actions against this license? | Y | N |

ADHP-Instructor Agreement

I agree to provide my sponsored ADHP-student with patients, materials, and daily instruction, as required. I understand the temporary permit assigned to my sponsored ADHP-student requires him/her to be actively employed with my practice and only covers my sponsored ADHP-student for my practice as listed on this application. I understand my sponsored ADHP-student must work a minimum of 30 hours/per week in my clinic to qualify as “actively employed”.

I understand my sponsored ADHP-student must be able to complete a minimum of 150 prophylactic patient treatments of patients with permanent dentition. I understand I am responsible for the direct supervision of my sponsored ADHP-student.

I understand I must return the temporary permit to the Board once my sponsored ADHP-student completes the ADHP course and presents for his/her Board examination; does not complete the course due to academics or attendance; leaves employment with my practice.

 Signature of Sponsoring Dentist/ADHP-Instructor

 Date

REQUIRED REFERENCES

I.

Certificate of Moral Character for ADHP-Applicant: _____

I, _____, have personally known the above listed ADHP-Applicant for at least _____ years and know him/her to be of good moral character and hereby recommend him/her to the Board of Dental Examiners of Alabama as worthy of the privilege of practicing dental hygiene in the State of Alabama.

Signature

Reference's Occupation

Reference Name: _____ **Phone #:** _____

Address: _____
Street City County State Zip

II.

Certificate of Moral Character for ADHP-Applicant: _____

I, _____, have personally known the above listed ADHP-Applicant for at least _____ years and know him/her to be of good moral character and hereby recommend him/her to the Board of Dental Examiners of Alabama as worthy of the privilege of practicing dental hygiene in the State of Alabama.

Signature

Reference's Occupation

Reference Name: _____ **Phone #:** _____

Address: _____
Street City County State Zip

ADHP-Applicant Attestation

In making this application, I attest I have reviewed all of the requirements for applying for and participating in the Alabama Dental Hygiene Program (ADHP). I attest I will follow all applicable local, state, and federal laws, as well as all applicable administrative rules of the Board of Dental Examiners of Alabama.

I attest I have read and understand the ADHP Academic Integrity Policy and agree to abide by this policy as part of my participation in this program.

All information that I have provided in this application, to include any attached documents are true and factual. I understand all fees that are submitted with this application are non-refundable and non-transferable.

_____ ADHP-Applicant’s Signature

_____ Date

STATE OF _____)

COUNTY OF _____)

_____, being duly sworn by me on his/her oath that all information and documentation contained in this application is true and correct.

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

<SEAL>

_____ Notary Signature

My Commission expires: _____

OPTIONAL REQUEST

DOCUMENTATION OF DISABILITY-RELATED NEED(S)

I, _____, have known the ADHP-applicant named above since _____ in my official capacity as his/her _____.

He/she has discussed with me the nature of the tests to be administered during the course of the ADHP. It is my opinion, based on the ADHP-applicant’s disability, he/she should receive the following accommodations:

- Reader: Y N
- Scribe/Amanuensis Y N
- Other Y N Describe: _____

Title/Signature: _____

Date: _____

The Board of Dental Examiners of Alabama is an Equal Opportunity employer and does not discriminate on the basis of disability, race, sex, national origin, or religion in the employment or in the provision of or the access to its programs, services, or activities.

Declaration of Citizenship and Lawful Presence of an Alien Resident

Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act 8 USC., §1621 provides that, with certain exceptions, only citizens of the United States, non-citizen nationals, non-exempt “qualified aliens”, nonimmigrants, and certain aliens paroled into the United States are eligible to receive covered public state and/or local benefits. Pursuant to Ala. Code (1975), §31-13-1, et seq., aliens unlawfully present in the United States are prohibited from receiving state or local benefits. Every person applying for a local or state benefit must sign a declaration of citizenship and a resident alien’s lawful presence must be verified. Further, citizenship or lawful presence must be demonstrated by providing appropriate documents for review.

Alabama Dental/Dental Hygiene License Number: _____ (Leave blank if not applicable)

Name: _____
First Middle Initial Last

Date of Birth: _____

SECTION I

Are you a **citizen** of the United States? _____ **YES** _____ **NO**

If you answered “YES”:

1. Provide a legible copy of any document from the attached List A
2. Complete the declaration found in Section III below
3. Return this form and the requested document with this application

If you answered “NO”:

1. Complete Section II and Section III below

SECTION II

Are you a lawfully present alien in the United States: _____ **YES** _____ **NO**

If you answered “YES”:

1. Provide a legible copy (front and back) of any documents from attached List B (provided documents will be used to verify lawful presence through the US Government)
2. Complete the declaration found in Section III below
3. Return this form and the requested documents with this application

If you answered “NO”:

1. Complete the declaration found in Section III below
2. Return this form with this application

SECTION III

I declare under penalty of perjury under the laws of the State of Alabama that the answers and documentation I provided are true and correct to the best of my knowledge.

Signature

Date

List A

Documents Demonstrating US Citizenship

1. Driver's license or non-driver's license identification card issued by the Alabama Department of Public Safety.
2. Driver's License or non-driver's license identification card issued by an equivalent governmental agency of another state within the US if the identification specifies that the person provided satisfactory proof of US citizenship.
3. Birth Certificate which satisfactorily verifies US citizenship by indicating birth in the US or one of its territories.
4. Pages of a US Passport identifying the individual and their passport number.
5. US Naturalization documents or Certificate of Naturalization or Certificate of Naturalization number.
6. Any document, method, or proof of US citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952 and subsequent amendments thereto.
7. Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.
8. Certification of birth issued by the US Department of State or consular report of birth abroad by a citizen of the US.
9. Certificate of Citizenship issued by the US Citizenship and Immigration Services.
10. Certificate of report of birth issued by the US Department of State
11. American Indian card (including KIC classification) issued by the US Department of Homeland Security.
12. Final Adoption Decree showing name and US birthplace.
13. Valid Uniformed Services Privileges and Identification Card.
14. Official US military record of service showing US birthplace.
15. Extract from a US hospital record of birth created at the time of the individual's birth indicating US birthplace.
16. Any other form of identification authorized pursuant to the *Alabama Administrative Procedure Act* by the Alabama Department of Revenue to be used to demonstrate an individual's US citizenship or legal presence. Said identification must require proof of legal presence in the US as a prerequisite of issuance.

List B

Documents Indicating Status of Qualified Aliens, Nonimmigrants, and Aliens Paroled into the US (for Less than One Year)

Qualified Alien

*Registration Documents

Evidence of “Qualified Alien Status” includes:

- Alien Lawfully Admitted for Permanent Residence;
- Form I-551 (Alien Registration Receipt Card, also known as a “Green Card”); or
- Unexpired Temporary I-551 stamp in foreign passport or on Form I-94

Alien Declared a Battered Alien Subject to Extreme Cruelty

- US Citizenship and Immigration Service Petition and supporting documentation

Alien Granted Conditional Entry

- Form I-94* annotated with stamp showing grant of asylum under Section 203(a)(7) of the I.N.A.
- Form I-688B* (Employment Authorization Card) annotated “274.a12(a)(3)”
- Form I-766* (Employment Authorization Document) annotated “A3”

Alien Paroled into the US for at least One Year

- Form I-94* with stamp showing admission for at least one year under Section 212(d)(5) of the I.N.A. (Individual may not aggregate periods of admission for less than one year to meet the one-year requirement)

Alien Whose Deportation was Withheld

- Form I-688B* (Employment Authorization Card) annotated “274.a12(a)(10)”
- Form I-766* (Employment Authorization Document) annotated “A10”
- Order of an immigration judge showing deportation was withheld under Section 243(h) of the I.N.A. as in effect prior to April 1, 1997, or removal withheld under Section 241(b)(3) of the I.N.A.

Asylee

- Form I-94* annotated with stamp showing grant of asylum under Section 208 of the I.N.A.;
- Form I-688B* (Employment Authorization Card) annotated “274.a12(a)(50)”;
- Form I-766* (Employment Authorization Document) annotated “A5”;
- Grant Letter from the Asylum Office of the US Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum

Refugee

- Form I-94* annotated with stamp showing admission under Section 207 of the I.N.A.;
- Form I-688B* (Employment Authorization Card) annotated “274.a12(a)(3)”;
- Form I-766* (Employment Authorization Document) annotated “A3”.

Cuban / Haitian Entrant

- Form I-551 (Alien Registration Receipt Card, also known as a “Green Card”) with the code CU6, CU7, or CH6
- Unexpired Temporary I-551 stamp in foreign passport or on Form I-94* with the code CU6 or CU7
- Form I-94 with stamp showing parole as “Cuban/Haitian Entrant” under Section 212(d)(5) of the I.N.A.