



Board of Dental Examiners

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfDentalExaminers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers

Dental Hygiene License Application Instructions

Except as provided in AS 08.32.095, a person may not practice, offer or attempt to practice, or advertise or announce as being prepared or qualified to practice dental hygiene without a license, in accordance with Sec. 08.32.010.

Applicants must meet the qualifications for licensure in accordance with AS 08.32.014, AS 08.32.030, 12 AAC 28.935, and 12 AAC 28.937 (as applicable).

All applications are processed in the order received to ensure fairness to all applicants. Subsequent supporting documents not on file at the time of initial review of the application will also be processed in the order received. General processing times for the dental licensing program is 4-6 weeks from the date received in our office, though those times may lengthen during renewal (January-February of odd-numbered years). Licenses are generally issued 5-7 weeks after a completed application is received.

You must choose one of the following options to apply for licensure:

- **Examination Level III** – For applicants who have been licensed for 0-90 days.
- **Examination Level II** – For applicants who have been licensed for 90 days to 5 years.
- **Credentials** – For applicants who have been licensed for more than 5 years.

LICENSE BY EXAMINATION LEVEL III

The following must be received by the division before your application for Dental Hygiene License by Examination Level III can be considered complete:

1. APPLICATION

A completed, signed, and notarized application (#08-0075).

2. FEES

Fees made payable to "State of Alaska."

| | |
|--------------------------------|----------|
| Nonrefundable Application Fee: | \$100.00 |
| License Fee: | \$200.00 |

| | |
|-----------------|----------|
| Total Fees Due: | \$300.00 |
|-----------------|----------|

3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-0075a).

4. OFFICIAL TRANSCRIPTS

Official transcripts sent directly to the department from the applicant's school verifying successful completion of an academic program in dental hygiene of at least two years in duration that, at the time of graduation, is accredited by the Commission on Dental Accreditation of the American Dental Association.

5. EXAM SCORES

A copy of National Board Dental Hygiene Examination scores verifying passage of the written theory examination.

6. WREB EXAM

A copy of the applicant's certificate of examination showing the applicant has passed, **within the five years immediately preceding the application**, a clinical examination approved by the board that requires calibration of examiners, requires anonymity between candidates and grading examiners, and tests the ability of the applicant to practice dental hygienist and utilize professional judgment. (Western Regional Examining Board (WREB) exam or equivalent. To qualify, an equivalent state or regional exam must include extraoral and intraoral assessment; radiographic evaluation; periodontal assessment; subgingival calculus detection and removal; and tissue management.)

7. CPR CERTIFICATION

A copy of the applicant's current certification in cardiopulmonary resuscitation (CPR) techniques that's based upon training equivalent to that required for completion of CPR course certified by the American Health Association or American Red Cross. Online courses are not acceptable unless there is a hands-on component.

LICENSE BY EXAMINATION LEVEL II

The following must be received by the division before your application for Dental Hygiene License by Examination Level II can be considered complete:

1. APPLICATION

A completed, signed, and notarized application (#08-0075).

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$100.00

License Fee: \$200.00

Total Fees Due: \$300.00

3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-0075a).

4. OFFICIAL TRANSCRIPTS

Official transcripts sent directly to the department from the applicant's school verifying successful completion of an academic program in dental hygiene of at least two years in duration that, at the time of graduation, is accredited by the Commission on Dental Accreditation of the American Dental Association.

5. EXAM SCORES

A copy of National Board Dental Hygiene Examination scores verifying passage of the written theory examination.

6. WREB EXAM

A copy of the applicant's certificate of examination showing the applicant has passed, **within the five years immediately preceding the application**, a clinical examination approved by the board that requires calibration of examiners, requires anonymity between candidates and grading examiners, and tests the ability of the applicant to practice dental hygienist and utilize professional judgment. (Western Regional Examining Board (WREB) exam or equivalent. To qualify, an equivalent state or regional exam must include extraoral and intraoral assessment; radiographic evaluation; periodontal assessment; subgingival calculus detection and removal; and tissue management.)

7. CPR CERTIFICATION

A copy of the applicant's current certification in cardiopulmonary resuscitation (CPR) techniques that's based upon training equivalent to that required for completion of CPR course certified by the American Health Association or American Red Cross. Online courses are not acceptable unless there is a hands-on component.

8. VERIFICATION OF LICENSURE

Verification of licensure status, both state and federal, including complete information regarding any disciplinary action or investigations taken or pending from all licensing jurisdictions where the applicant holds or has ever held a dental hygiene license (#08-0075b). These must come directly from the state or federal agencies to our office.

LICENSE BY CREDENTIALS

The following must be received by the division before your application for Dental Hygiene License by Credentials can be considered complete:

1. APPLICATION

A completed, signed, and notarized application (#08-0075).

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$100.00

License Fee: \$200.00

Credential Review Fee: \$110.00

Total Fees Due: \$410.00

3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-0075a).

4. OFFICIAL TRANSCRIPTS

Official transcripts sent directly to the department from the applicant's school verifying successful completion of an academic program in dental hygiene of at least two years in duration that, at the time of graduation, is accredited by the Commission on Dental Accreditation of the American Dental Association.

5. EXAM SCORES

A copy of National Board Dental Hygiene Examination scores verifying passage of the written theory examination.

6. STATE OR REGIONAL EXAM SCORES

Evidence of successful passage of a state or regional dental hygiene clinical examination: WREB or equivalent. (To qualify, an equivalent state or regional exam must include extraoral and intraoral assessment; radiographic evaluation; periodontal assessment; subgingival calculus detection and removal; and tissue management.)

7. CPR CERTIFICATION

A copy of the applicant's current certification in cardiopulmonary resuscitation (CPR) techniques that's based upon training equivalent to that required for completion of CPR course certified by the American Health Association or American Red Cross. Online courses are not acceptable unless there is a hands-on component.

8. VERIFICATION OF LICENSURE

Verification of licensure status, both state and federal, including complete information regarding any disciplinary action or investigations taken or pending from all licensing jurisdictions where the applicant holds or has ever held a dental hygiene license (#08-0075b). These must come directly from the state or federal agencies to our office.

9. IF APPLICANT HAS EVER BEEN EMPLOYED AS A DENTAL HYGIENIST BY A FEDERAL AGENCY

If the applicant has ever been employed as a dental hygienist with a federal agency, verification of the current status and disciplinary history from each federal agency where the applicant is or has been employed is required and must be sent directly to the department from the agency/agencies.

OTHER INFORMATION REQUIRED FOR LICENSURE:

As required by AS 08.32.014, the Division will query the National Practitioner Data Bank (NPDB) and the American Association of Dental Boards Clearinghouse for Disciplinary Information that relates to criminal or fraudulent activity, negligent dental care, or malpractice.

All applicants must complete the Board's jurisprudence questionnaire. The questionnaire is open book consisting of 25 multiple choice questions covering the provisions of AS 08.32, AS 08.36, and 12 AAC 28 relating to the practice of dentistry and dental hygiene. Applicants must pass the questionnaire with a score of at least 70 percent. The questionnaire will be sent to the applicant with an initial status update upon initial review of the application.

General Information

APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

PROFESSIONAL FITNESS QUESTIONS:

A “yes” response in the application does not mean your application will be denied. If you have responded “yes” to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

DENIAL OF APPLICATION:

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a “certified true copy of the original document”. To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, “I certify this is a true copy of the original document” and sign your name. The notary will compare the original document with the copy and then notarize your signature.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or *BusinessLicense.Alaska.Gov*

STALE DOCUMENTS:

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

PRESCRIPTION DRUG MONITORING PROGRAM:

All actively licensed practitioners with a DEA registration number valid to use in any state or practice location must register with the Alaska Prescription Drug Monitoring Program (PDMP) within 30 days of initial licensure and use the PDMP to review a patient's prescription history each time before prescribing, administering, or dispensing a federally scheduled II or III controlled substance. For more information, please visit *PDMP.Alaska.Gov*

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



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Dental Hygiene License Application

PART I Application Type

Application Type: Exam Level III Exam Level II Credentials

PART II Payment of Fees

| | | |
|----------------|---|-----------------|
| Required Fees: | <input type="checkbox"/> Nonrefundable Application Fee | \$100.00 |
| | <input type="checkbox"/> License Fee | \$200.00 |
| | <input type="checkbox"/> Credential Review Fee (Credential Applicants Only) | \$110.00 |

PART III Personal Information

Full Legal Name:

Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).

Not Applicable

Other Names Used: _____

Mailing Address: P.O. Box or Street City State Zip

Contact Phone:

Date of Birth:

EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.

Email Address:

Select One: Send my Correspondence Electronically
 Send my Correspondence by Mail

Note: If both boxes are selected above, you will receive correspondence electronically.

SOCIAL SECURITY NUMBER: AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.

PART IV General Education Information

| | | | |
|---------------------------------------|--|------------------------|--|
| Name of College or University: | | | |
| Location: (City, State) | | Years Attended: | |
| Semester Hours: | | Degree Awarded: | |

PART V Educational Institution of Dental Hygiene Program

| | | | |
|-----------------------------------|--|-------------------------|--|
| Name of School: | | | |
| Location: (City, State) | | | |
| Dates Attended: | | Date of Diploma: | |

PART VI Affidavit of Professional Licenses

List the license number and name of the jurisdiction for all dental hygienist licenses you hold or have ever held in any jurisdiction (i.e., states, territories, provinces, or foreign countries). Continue on a separate page, if necessary. Ensure that verifications are sent to our division directly from each governing body.

| State or Jurisdiction | Licensed By (Exam, Reciprocity, Other) | License Number | Original Issue Date | Dates of Practice |
|------------------------------|--|-----------------------|----------------------------|--------------------------|
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PART VII Examination Information

1. A candidate must have passed the written theory NBDHE.

I have passed the NBDHE.

Date Passed:

2. A candidate must have passed a state or regional dental hygiene clinical examination approved by the board (WREB or equivalent). *(The exam must have been passed within five years of the date of application for those applying by Examination Level II or III).*

I have passed the WREB.

Date Passed:

- OR -

I have passed an equivalent exam.

Name of Exam:

Date Passed:

PART VIII Federal Employment

(Credentials Applicants Only)

Please state whether you have ever been employed as a dental hygienist with a federal agency. If so, verification of the current status and disciplinary history from each federal agency where you are or have ever been employed must be sent directly to us by the agency. A letter from the program director will suffice.

I have never been employed as a dental hygienist with a federal agency.

- OR -

I have been employed as a dental hygienist with a federal agency and will request verification of the current status and disciplinary history from each agency where I am or have been federally employed be sent directly to the department by those agencies.

PART IX Impaired Practitioner Affidavit

I affirm to the Alaska Board of Dental Examiners, through this affidavit, that I am not impaired to the extent that affects my ability to practice dental hygiene.

I understand that any false or misleading information may result in the denial, suspension, or revocation of the license for which I have applied, or for any Alaska dental license that I now hold.

PART X Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an explanation and documentation. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

When in doubt, disclose and explain.

- | | |
|--|--|
| 1. Have you ever practiced dental hygiene illegally? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you ever been the subject of a report from the National Practitioner Data Bank or the American Association of Dental Boards Clearinghouse for Board Actions that relates to criminal or fraudulent activity, or dental malpractice? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are you the subject of a decision based upon a complaint, investigation, review procedure, or other disciplinary proceeding within the five years immediately preceding application, or of an unresolved complaint, investigation, review procedure, or other disciplinary proceeding, undertaken by a state, territorial, local, or federal dental licensing jurisdiction or a dental society? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are you the subject of an unresolved decision or a decision based upon a complaint, investigation, review procedure, or other disciplinary proceeding, undertaken by a state, territorial, local, or federal dental licensing jurisdiction, dental society, or law enforcement agency that relates to criminal or fraudulent activity, dental malpractice, or negligent dental care and that reflects on your ability or competence to practice dentistry or on the safety or well-being of patients? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Within the five years immediately preceding the date of application for licensure, have you experienced or been treated for, bipolar disorder, schizophrenia, paranoia, depression (except for situational or reactive depression), psychotic disorder, or other mental or physical condition or disability? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Within the past five years, have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates, or habit-forming drugs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

"Yes" Answers

If you answered "yes" to questions 7 or 8, in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice dentistry. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.



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Notary Signature Page

PART XI Notarized Signature

I acknowledge and understand that a licensed dental hygienist in Alaska shall adhere to the ethical standards for dental hygienists established by the Alaska Board of Dental Examiners and that failure to adhere to the ethical standards may result in imposition of a sanction that is described in AS 08.32.160.

By signature below, I certify that if I am granted licensure in the State of Alaska as a dental hygienist, I will adhere to the "Code of Ethics for Dental Hygienists," as set out in the American Dental Hygienists' Association document titled Bylaws – Code of Ethics, dated June 23, 2014, adopted by reference as the ethical standards for dental hygienists and applies to all dental hygienists in the state (12 AAC 28.905(a)).

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification. A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

| | | | | |
|--------------|------------------------------------|--|---|--|
| Notary Stamp | Applicant Printed Name: | | | |
| | Applicant Signature: | | | |
| | Notary Public for State of: | | Subscribed and Sworn to Before me on this Day: | |
| | Notary Signature: | | My Commission Expires: | |



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Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, psychological, drug, or alcohol evaluation, counseling, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment, including all information previously identified, collected, or stored under the authority of any state or federal law, including 42 CFR Part 2.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with the application (initial, renewal, reactivation) for issuance of a dental hygiene license.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

| | | | |
|----------------------|--------------------|-----------------------|-----------|
| Name: | First | Middle | Last |
| Full Address: | P.O. Box or Street | City | State Zip |
| Phone: | | Date of Birth: | |
| Email: | | | |
| Signature: | | Date Signed: | |



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Verification of Licensure

→ **Applicant:**

Please complete the identifying information below and forward a copy of this form to all states, territories, or jurisdictions where you currently are or have ever been licensed. *Make additional copies of this form, as needed.*

| | | | |
|-----------------------------|--------------------|-----------------------|-----------|
| Applicant Name: | | Date of Birth: | |
| Mailing Address: | P.O. Box or Street | City | State Zip |
| Applicant Signature: | | Date Signed: | |

→ **Licensing Agency or State Board:**

Please complete this bottom part for the applicant identified above and return the form directly to the Alaska State Board of Dental Examiners at the letterhead address.

| | | | |
|-------------------------------|--|--------------------------------|--|
| State or Jurisdiction: | | License Number: | |
| License Type: | | Current License Status: | |
| Original Issue Date: | | Expiration Date: | |

- Has this applicant ever been the subject of an investigation by a licensing or disciplinary authority in your state or jurisdiction? Yes No
- Have formal disciplinary proceedings been initiated against this applicant or the applicant's license by a licensing or disciplinary authority in your state or jurisdiction? Yes No
- Has this applicant's license ever been suspended, revoked, disciplined, restricted, warned, placed on probation, or in any other manner limited by a licensing or disciplinary authority in your state? Yes No
- Is any such investigation or action pending? Yes No
- Are you aware of any derogatory information regarding this applicant? Yes No

"Yes" Answers

If you answered "yes" to any question above, please attach a detailed explanation or documentation signed and dated by the person whose signature appears below.

| | | | | |
|------------|----------------------|--|---------------------|--|
| Board Seal | Signature: | | Date Signed: | |
| | Printed Name: | | Title: | |
| | Email: | | Phone: | |



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Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “Yes” answers. A “Yes” answer is not necessarily disqualifying but concealing one may be.

Each “Yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “Yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include but not be limited to: suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “Yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “Yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “Yes” to in the box.

| | | | |
|---|--|--------------------------|--|
| Location of Incident: | | Date of Incident: | |
| Explanation of Incident: | | | |
| When in doubt, disclose and explain. Make copies as necessary. | | | |

Did you attach all applicable documents associated with this incident?

- Court orders
 Consent agreements
 Disciplinary actions
 Charging documents
 Court records
 Fitness to practice
 All other documentation related to this incident
 I have additional incidents for this “Yes” answer, or “Yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

| | | | |
|-------------------|--|-----------------|--|
| Full Name: | | PL Code: | |
| Signature: | | Date: | |

You must submit one form for each “Yes” answer. Make copies of this form as necessary.



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State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Profession Type (e.g., Acupuncture): _____

License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (fine, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/06/2022

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: -----

2. Expiration Date: -----

3. Security Code: -----

All 3 fields **MUST** be completed!

This section will be destroyed after the payment is processed.