



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 Restorative Function Endorsement Application Instructions

No dental hygienist may perform restorative functions without a certificate issued from the Board. A restorative function endorsement is renewed biennially in conjunction with the renewal of the certificant's license to practice dental hygiene in the State of Alaska.

There are two pathways a dental hygienist can apply and qualify for a restorative function license endorsement: by examination or by certification in another jurisdiction. See below for more information.

RESTORATIVE FUNCTION ENDORSEMENT BY EXAMINATION

A dental hygienist desiring restorative function endorsement shall apply to the board after registering for and/or successfully passing the restorative examination given by the Western Regional Examining Board (WREB).

For information regarding the WREB examination:

Phone: 301.563.3300

Fax: 301.563.3307

E-mail Address: generalinfo@wreb.org

Website: <https://adextesting.org/>

The following must be received by the division before your application for Restorative Function Endorsement by Examination can be reviewed:

1. APPLICATION

A completed, signed, and notarized application (#08-4567).

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$100.00

Endorsement Fee: \$ 60.00

Total Fees Due: \$160.00

3. COURSE VERIFICATION

A completed course verification form (#08-4567a) with university or college seal and a course description or outline from the university or college verifying compliance with 12 AAC 28.770 -- submitted directly to the Alaska Board of Dental Examiners by the school.

4. CERTIFICATE FROM WESTERN REGIONAL EXAMINING BOARD (WREB)

A copy of the certificate from the Western Regional Examining Board (WREB) showing successful completion of the restorative function portion of the exam within the five years immediately preceding the date of application. A certificate showing successful passage of an equivalent restorative function examination can also be accepted, though the board may need documentation to confirm the examination was equivalent to the restorative function portion of the WREB exam.

RESTORATIVE FUNCTION ENDORSEMENT BY CERTIFICATION IN ANOTHER JURISDICTION

The following must be received by the division before your application for Restorative Function Endorsement by Certification in Another Jurisdiction can be reviewed:

1. APPLICATION

A completed, signed, and notarized application (#08-4567).

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$100.00

Endorsement Fee: \$ 60.00

Total Fees Due: \$200.00

3. COURSE VERIFICATION

A completed course verification form (#08-4567a) with university or college seal and a course description or outline from the university or college verifying compliance with 12 AAC 28.770 -- submitted directly to the Alaska Board of Dental Examiners by the school.

4. VERIFICATION OF LICENSE OR CERTIFICATION

Verification of a license or certification to perform restorative functions in another U.S. jurisdiction that is current and in good standing -- submitted directly by the jurisdiction to the Alaska Board of Dental Examiners.

HOW CAN YOU HELP?

1. Average processing time to complete the application file is from 6-8 weeks. Apply far enough in advance to allow this process to occur. Applications are reviewed in order of receipt in our office.
2. If you are concerned about your application being received in our office, mail it Certified-Return Receipt.
3. Ensure that the application is complete when you submit it and provide any necessary explanations with the application. Print legibly or type your application.

Applications will be processed according to the date received. You will be notified in writing as soon as your application has been reviewed.

The Alaska State Board of Dental Examiners conducts a thorough evaluation of education, training, employment or work history, malpractice history, and any criminal or disciplinary history. The Board will not accelerate one application over others, nor will it forego any elements of its screening process.

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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Restorative Function Endorsement Application

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee	\$100.00
	<input type="checkbox"/> Endorsement Fee	\$ 60.00

PART II Personal Information

Full Legal Name:			
<p>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).</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Other Names Used: _____</p>			
Mailing Address:	P.O. Box or Street	City	State Zip
Contact Phone:		Date of Birth:	
<p>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.</p>			
Email Address:		Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<p>Note: If both boxes are selected above, you will receive correspondence electronically.</p>			
<p>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.</p>			

PART III General Education

Name of College or University:			
Location: (City, State)			
Dates Attended:		Degree:	

PART IV Restorative Function Training Information

Name of College or University:			
Location: (City, State)			
Dates Attended:		Degree:	

PART V Professional History

Number of Years Devoted to the Clinical Practice of Dental Hygiene?			
AK Dental Hygiene License Number:		Original Issue Date	
List all other states where you are licensed or certified to perform restorative functions.			
State or Jurisdiction	License Number	Issue Date	

PART VI Examination Information

Restorative Function WREB Examination Location:	
WREB Exam Date:	



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Notary Signature Page

PART VII Notarized Signature

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I further certify that all credentials supplied by me are true and correct. I understand that any false information or falsification of credentials may result in failure to obtain a restorative function endorsement in the State of Alaska.

I have read the Alaska Dental Hygiene Practice Act. I solemnly declare upon my honor that, if granted a restorative function endorsement in Alaska, I will respectfully comply with any law governing the administration of restorative function in this state, and I will do my best to uphold and maintain the ethics of the profession.

By my signature below, I certify that all information furnished in this application is true and correct. I 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.

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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Course Verification

I am applying for a certificate to allow me to perform restorative functions in the State of Alaska. The Board of Dental Examiners requires that this form be completed by the institution where I received my training in restorative functions.

Please complete this form and attach a course description and/or course outline of restorative functions curriculum and return it directly to the address or email address noted above.

I hereby release all academic records necessary to complete the following form for the Board of Dental Examiners.

Name on Diploma:		Graduation Date:	
Other Names Used:			
Signature:		Date Signed:	

→ **Applicant: Do Not Write Below This Line - Institution Use Only**

Institution Name:				
Institution Address:	Street	City	State	Zip
Course Title:				

Check the appropriate boxes below that describe the content of the course attended by the applicant.

- The physical, chemical, and biological properties of dental materials, including amalgam and composite materials? Yes No
- The limitations and acceptability of a dental material based on the physical, chemical, and biological properties of the material? Yes No
- Proper safety when using dental materials, including appropriate infection control and mercury hygiene? Yes No
- Dental anatomy and occlusion? Yes No
- Isolation procedures? Yes No
- Proper placement and finishing of restorative materials? Yes No

Check the appropriate boxes below that describe the content of the course attended by the applicant.

7. Assessment outcomes that measure the stated goals and objectives? Yes No

8. Didactic course hours sufficient to meet the restorative course requirements noted in questions #1-7 above? Yes No

9. Laboratory experience to be able to place and finish all classes of restorations? Yes No

10. A required clinical proficiency to establish a demonstrated ability to place and finish all classes of restorations? Yes No

11. Is this course offered by or under the auspices of a program accredited by the Commission on Dental Accreditation of the American Dental Association? Yes No

If you answered "no" to question #11, then has this course been approved by the Alaska Board of Dental Examiners under 12 AAC 28.760? Yes No

If so, please provide the course # provided by the Alaska Board of Dental Examiners: _____

Signature

I have attached a copy of the course description and/or course outline with this form.

I hereby certify that the above information regarding the training in restorative function that the above-named applicant completed is true and correct to the best of my knowledge, and that he/she has acquired the necessary knowledge and proficiency to perform restorative functions.

University or College Seal	Dean Printed Name:	
	Dean Signature:	



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Verification of Licensure

(If applying by certification in another jurisdiction)

→ **Applicant:** The Board of Dental Examiners requires that this form be completed by the jurisdiction where I hold a current license or certification to perform restorative functions.

Full Legal Name:		License Number:	
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 or email address above.

State or Jurisdiction:			
Graduate Of:		Year:	
Restorative Function Certification Number:		Issue Date:	
License Status:	<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Expiry Date: _____		
Derogatory Comments: (If Any)			

1. Has the applicant's license or certification ever been suspended, revoked, voluntarily suspended, placed on probation, or restricted in any way? Yes No

"Yes" Answers

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

Comments:

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



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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

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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.