



**Board of Dental Examiners**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [BoardOfDentalExaminers@Alaska.Gov](mailto:BoardOfDentalExaminers@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers](http://ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers)

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## Dental Specialty License Application Instructions

A licensed dentist may not represent to the public to be qualified in a specialist branch of dentistry through any means of public advertising using the term "specialist", the name of a specialty, or a phrase that would suggest to the public that the dentist is a qualified specialist in a branch of dentistry unless the dentist has a specialist license in that branch.

The board may issue a specialist license in an area of dentistry recognized by the board to a dentist who holds a current dentist license in Alaska and meets the requirements of AS 08.36.243 and 12 AAC 28.959. The practice of a dentist who obtains a specialist license is limited to the branch of dentistry in which the dentist holds a specialty license. If a dentist wishes to obtain multiple specialty licenses, a separate application, fees, and supporting documents are required for each.

Specialty licenses do not have to be renewed. They will remain active as long as the dentist's primary license remains active.

Specialist licenses are offered in the following branches of dentistry:

- Endodontics
- Oral and Maxillofacial Surgery
- Oral and Maxillofacial Radiology
- Oral and Maxillofacial Pathology
- Orthodontics and Dentofacial Orthopedics
- Pediatric Dentistry
- Periodontics
- Prosthodontics
- Dental Public Health
- Dental Anesthesiology
- Oral Medicine
- Orofacial Pain

### SPECIALTY LICENSE APPLICATION REQUIREMENTS

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

#### 1. APPLICATION

A completed application, signed and notarized (#08-4863, pages 1-3). The application **must** be submitted via mail. Applications cannot be accepted via email for security reasons.

#### 2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	\$ 300.00
Specialist License Fee:	\$ 450.00
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Total Fees Due:	\$ 750.00

#### 3. VERIFICATION OF POST-DOCTORAL SPECIALTY RESIDENCY PROGRAM

Proof of graduation from a post-doctoral dental specialty residency program accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association (ADA). This requirement can be completed through the submission of official transcripts directly from your dental/specialty school to our office or a certified copy of your specialty residency program diploma. These items can be accepted via email or mail. Please note, if the documentation does not clearly indicate the program was accredited by CODA at the time of graduation, there may be a delay while we await confirmation from the CODA directly.

#### **4. VERIFICATION OF POST-DOCTORAL RESIDENCY PROGRAM IN AN AREA OF DENTISTRY RECOGNIZED BY THE BOARD & NATIONAL COMMISSION ON RECOGNITION OF DENTAL SPECIALTIES AND CERTIFYING BOARDS**

Proof of graduation from a post-doctoral residency in an area of dentistry that is recognized by the board and the National Commission on Recognition of Dental Specialties and Certifying Boards. This requirement can be completed through the submission of official transcripts directly from your dental/specialty school to our office or a certified copy of your residency program diploma. These items can be accepted via email or mail. (This requirement may be met by the same documentation provided to meet the requirements of #3 above.)

#### **APPLICATION REVIEW**

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. We recommend you do not make commitments for loans, practice start dates, home purchases, etc., based on the expectation of licensure. The Board will not accelerate one application over others, nor will it forego any elements of the screening process.

If you received this application from a source other than directly from the Division or its official website, the application may be outdated or not an official version. To ensure you have the official version, please visit the Division's website:

*ProfessionalLicense.Alaska.Gov*

**AS 08.36.242. License to practice as specialist required. [Effective July 1, 2023.]** A licensed dentist may not represent to the public to be qualified in a specialized branch of dentistry through any means of public advertising using the term "specialist," the name of a specialty, or a phrase that would suggest to the public that the dentist is a qualified specialist in a branch of dentistry unless the dentist has a specialist license in that branch as provided in this chapter.

**AS 08.36.243. Qualification for specialist license; scope of practice. [Effective July 1, 2023.]** (a) An applicant for a specialist license must

- (1) hold a license issued by the board in accordance with AS 08.36.110 or 08.36.234; and
- (2) meet additional qualifications for a specialist license in a specified branch of dentistry as established by the board by regulation.

(b) In determining the qualifications for a specialist license in a specified branch of dentistry under (a) of this section, the board shall consider the qualifications necessary to obtain specialty certification by a nationally recognized certifying entity approved by the board.

(c) The practice of a dentist who obtains a specialist license under (a) of this section is limited to the branch of dentistry in which the dentist holds a specialist license.

## 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.

### **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*



THE STATE  
of **ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

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**Dental Specialty License Application**

**PART I Specialty License Type**

Select one (1) of the following. If you would like to apply for multiple specialty licenses, you must submit separate applications for each.

- Endodontics   
  Oral and Maxillofacial Surgery   
  Oral and Maxillofacial Radiology   
  Oral and Maxillofacial Pathology  
 Orthodontics and Dentofacial Orthopedics   
  Pediatric Dentistry   
  Periodontics   
  Prosthodontics  
 Dental Public Health   
  Dental Anesthesiology   
  Oral Medicine   
  Orofacial Pain

**PART II Payment of Fees**

<b>Required Fees:</b>	<input type="checkbox"/> Nonrefundable Application Fee	<b>\$300.00</b>
	<input type="checkbox"/> Specialty License Fee	<b>\$450.00</b>

**PART III Personal Information**

<b>Full Legal Name:</b>	<b>Alaska Dentist License Number:</b>
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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: \_\_\_\_\_

<b>Mailing Address:</b>	P.O. Box or Street	City	State	Zip
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<b>Contact Phone:</b>	<b>Date of Birth:</b>
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**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.

<b>Email Address:</b>	<b>Select One:</b>	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
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*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 Practice Facility Information**

<b>Name of Dentistry Practice or Business:</b>				
<b>Address of Dentistry Practice or Business:</b>	Street	City	State	Zip

**PART V Specialty Residency Program Information**

<b>Name of Post-Doctoral Dental Specialty Residency Program:</b>			
<b>Location:</b> (City, State)		<b>Date of Graduation:</b>	
<input type="checkbox"/> I certify this program was accredited by the ADA's Commission on Dental Accreditation (CODA) at the time I graduated.			
<input type="checkbox"/> I certify this program was in the area of dentistry I'm applying for the specialty license.			
<input type="checkbox"/> I certify this program is in an area of dentistry recognized by the Alaska Board of Dental Examiners and the National Commission of Recognition of Dental Specialties and Certifying Boards.			
<input type="checkbox"/> I understand that I must have official transcripts sent directly from the school to the Alaska licensing office or submit a certified copy of my diploma to verify my program met the requirements of 12 AAC 28.959(a) and as noted above.			



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**Notary Signature Page**

**PART VI Notarized Signature**

I hereby certify that I understand a licensed dentist may not represent to the public to be qualified in a specialized branch of dentistry through any means of public advertising using the term "specialist", the name of a specialty, or a phrase that would suggest to the public that the dentist is a qualified specialist in a branch of dentistry unless the dentist has a specialist licensed in that branch as provided by the board.

I hereby certify that I understand I'll be limited to the branch of dentistry in which I hold a specialist license once my specialist license is issued.

I hereby certify that I meet the requirements for the specialty license I'm applying for per AS 08.36.243 and 12 AAC 28.959.

Notary Stamp	<b>Applicant Printed Name:</b>			
	<b>Applicant Signature:</b>			
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>	
	<b>Notary Signature:</b>		<b>My Commission Expires:</b>	



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Division of Corporations, Business and Professional Licensing

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Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
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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.