



THE STATE
of

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

Board of Dental Examiners

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfDentalExaminers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers

Course Approval Application Instructions

Per 12 AAC 28.410, the board will accept courses workshops, or symposiums approved, provided, or sponsored by the American Dental Hygienists' Association (ADHA), Academy of General Dentistry (AGD), or American Dental Association (ADA), other courses, workshops, or symposiums approved by the board that are offered by dental or dental hygiene colleges or universities, or similar dental or dental hygiene organizations or associations.

The board will accept self-study programs offered by a dental or dental hygiene college or university, the AGD, or the ADA that have been approved by the board. A licensee may obtain all of their required continuing education by self-study.

Courses will be accepted as continuing education under 12 AAC 28.400-.420 if participation is verifiable, and the subject matter relates directly to dental patient clinical care. See the attached regulations regarding continuing professional competence requirements.

The board will approve a course, workshop, or symposium for two years. If a change is made to the course, workshop, or symposium or more than two years have passed since approval by the board, the course, workshop, or symposium must be resubmitted to the board for approval (12 AAC 28.410(f)).

The following must be received by the division before the course approval application will be considered by the board:

1. APPLICATION

A completed and signed application (#08-4241, page 1 of 1).

2. FEES

Fees made payable to "State of Alaska."

Initial Continuing Education Course Submittal Fee: **\$ 50.00**

- OR -

Continuing Education Course Resubmittal Fee: **\$ 50.00**

3. COURSE OUTLINE

A detailed outline providing course content, and clearly breaks down the amount of time spent on each portion of the course and the direct relation to patient care. A sample outline acceptable to the board is attached (form #08-4241a).

General Information

APPLICATION PROCESSING:

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the license may 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:

Be aware that the denial of an application for 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.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant'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. The name appearing on the license must be your current legal name.

PUBLIC INFORMATION:

All information on the application will be available as public record, unless required to be kept confidential by state or federal law.

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)

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*. To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov*.



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Course Approval Application

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Initial Continuing Education Course Submittal Fee	\$ 50.00

	<input type="checkbox"/> Continuing Education Course Resubmittal Fee	\$ 50.00
Alaska Course Approval #:		

PART II Course Information

Course Title:			
Course Type:	<input type="checkbox"/> Course, Workshop or Symposium	<input type="checkbox"/> Organized Study Club	<input type="checkbox"/> Self-Study Club
Number of Credit Hours:		Date of Course:	
Person Conducting Course:			
Course Sponsor:		Sponsor Contact:	
Address:		Phone:	
<input type="checkbox"/> I understand I must submit a course outline including all items on the sample course outline form (#08-4241a).			
<input type="checkbox"/> I understand once course applications are approved, the original application is assigned a course approval number. A certificate will be mailed, stamped with the official board seal. The certificate will be documentation of completing the course; therefore, each attendee must receive a copy of the form. Each copy of the form must have an original signature of the attendee and an original signature of the official-in-charge or lecturer.			

PART III Signature

I hereby certify I am the person herein named and subscribing to this application. I further certify I have read the complete application, and I know the full content thereof. I declare all of the information contained herein, and evidence or other documents submitted herewith are true and correct.		
I further understand it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.		
Official in Charge/Lecturer Signature:		Date Signed:



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Sample Course Outline

The following is a sample of an outline acceptable to the board. If you choose to use a different format, be sure the outline provides the same information.

COURSE TITLE: Treating the Dental Patient of the 90's - Medicated and Complicated!

COURSE SYNOPSIS: As our dental population ages and becomes more medically compromised, we must consider the dental treatment impact of chronic drug therapy. The purpose of this course is too important in clinical dentistry. Extensive handouts will supplement discussion of intra-oral drug effects and treatment modifications involving medicated patients. New antibiotic premedication guidelines and controversial issues in antibiotic premedication will be examined. Throughout the day, drug-drug interactions significant in dentistry will also be discussed with emphasis on clinical management.

COURSE SCHEDULE:

Start Time	End Time	Subject Title
9:00 am	9:15 am	Medication Effects Important in Clinical Dentistry
9:15 am	9:30 am	Drug References for Office Use
9:30 am	10:30 am	Cardiovascular Medications
10:30 am	10:45 am	BREAK
10:45 am	11:15 am	Cardiovascular Medications (<i>continued</i>)
11:15 am	12:00 pm	Controversies in Antibiotic Premedication
12:00 pm	1:00 pm	LUNCH
1:00 pm	1:30 pm	New SBE Prophylaxis Guidelines
1:30 pm	2:30 pm	Central Nervous System Medications
2:30 pm	2:45 pm	BREAK
2:45 pm	3:45 pm	Respiratory System Medications
3:45 pm	4:00 pm	Gastrointestinal Medications
4:00 pm	4:15 pm	Dental Implications of Substance Abuse
4:15 pm	5:00 pm	Questions and Adjournment

COURSE OBJECTIVES:

After completing this program, the dental professional should be able to:

1. Recognize that dental treatment modifications may be necessary to prevent complications in patients with major cardiovascular or central nervous system disease;
 2. List the new SBE antibiotic prophylaxis guidelines and discuss treatment modifications for large joint prosthesis patients;
 3. Identify and appropriately manage the dental patient on chronic medications for a variety of disease states
 4. Recognize signs and symptoms of substance abuse;
- AND -
5. Discuss drug-drug interactions significant in clinical dentistry.

12 AAC 28.400. CONTINUING EDUCATION REQUIREMENTS FOR DENTISTRY AND DENTAL HYGIENISTS LICENSEES.

(a) Except as provided in 12 AAC 28.405(a), an applicant for renewal of a dentistry license shall submit evidence of continued professional competence by documenting

- (1) completion of at least 32 contact hours of continuing education;
- (2) cardiopulmonary resuscitation (CPR) certification that meets the requirements of 12 AAC 28.920; and
- (3) if the applicant holds a valid federal Drug Enforcement Administration registration number, verification that the applicant has completed not less than two hours of continuing education in pain management and opioid use and addiction.

(b) Except as provided in 12 AAC 28.405(b), an applicant for renewal of a dental hygienist license shall submit evidence of continued professional competence by documenting

- (1) completion of at least 20 contact hours of continuing education; and
- (2) cardiopulmonary resuscitation (CPR) certification that meets the requirements of 12 AAC 28.920.

(c) An applicant for renewal of a dental hygienist restorative function endorsement under 12 AAC 28.780 shall submit evidence of continued competence by documenting an additional two hours of continuing education relating to materials or techniques used for the restoration of teeth.

(d) For the purpose of this section,

- (1) one "contact hour" equals a minimum of 50 minutes of instruction;
- (2) one academic semester credit hour equals 15 contact hours;
- (3) one academic quarter credit hour equals 10 contact hours;
- (4) one continuing education unit equals one contact hour;
- (5) one continuing education credit equals one contact hour.

(e) Credit is given only for class hours and not hours devoted to class preparation.

(f) Except as provided under 12 AAC 02.965, the continuing education requirements of 12 AAC 28.010, 12 AAC 28.015, and 12 AAC 28.400 – 12 AAC 28.410 must be completed during the concluding licensing period.

12 AAC 28.405. CONTINUING EDUCATION REQUIREMENTS FOR FIRST TIME RENEWAL OF A LICENSE.

(a) An applicant applying for renewal of a dentistry license for the first time shall submit evidence of continued professional competence by documenting

- (1) completion of at least one-half of the number of contact hours of continuing education required by 12 AAC 28.400(a)(1) and (c) for each complete year that the applicant was licensed during the concluding licensing period; and
- (2) cardiopulmonary resuscitation (CPR) certification that meets the requirements of 12 AAC 28.920.

(b) An applicant applying for renewal of a dental hygienist license for the first time shall submit evidence of continued professional competence by documenting

- (1) completion of at least one-half of the number of contact hours of continuing education required by 12 AAC 28.400(b)(1) and (c) for each complete year that the applicant was licensed during the concluding licensing period; and
- (2) cardiopulmonary resuscitation (CPR) certification that meets the requirements of 12 AAC 28.920.

12 AAC 28.410. APPROVED CONTINUING EDUCATION COURSES.

(a) Except as provided in (c) of this section, and subject to the limits set out in (g) and (h) of this section, only the following courses will be accepted as continuing education under 12 AAC 28.400 — 12 AAC 28.420 and 12 AAC 28.880(b), and only if participation in those courses is verifiable and the subject matter contributes to the professional knowledge and development of the practitioner or enhances the ability to provide services to the patient:

- (1) courses, workshops, or symposiums approved, provided, or sponsored by the American Dental Hygienist's Association (ADHA), Academy of General Dentistry (AGD), or American Dental Association (ADA);
- (2) other courses, workshops, or symposiums approved by the that are offered by dental or dental hygiene colleges or universities, or similar dental or dental hygiene organizations or associations;
- (3) organized study club courses approved by the board;
- (4) self-study programs offered by a dental or dental hygiene college or university, the AGD, or the ADA that have been approved by the board.

(b) Repealed 1/15/2003.

(c) The continuing education contact hours required by 12 AAC 28.400 or 12 AAC 28.405 for renewal of a dentistry license or a dental hygienist license may include no more than four hours of CPR training for the entire renewal period.

(d) An applicant for renewal of a dentistry or dental hygienist license may receive contact hours of continuing education for the applicant's presentation of a lecture or course that meets the requirements of (a) of this section. For the purpose of this section, contact hours for the presentation of a lecture or course will be awarded as follows:

- (1) three contact hours for each 50 minutes of an initial presentation; and
- (2) one contact hour for each 50 minutes of a repeat presentation.

(e) Acceptance or approval by the board under this section of a course, workshop, or symposium is valid for two years, if a change is not made to its content.

(f) If a change is made to the content of a course, workshop, or symposium or more than two years have passed since its acceptance or approval by the board, the course, workshop, or symposium must be resubmitted to the board for acceptance or approval under this section.

(g) Courses in practice management and risk management are limited to three hours per licensing period.

(h) Not more than two credit hours of continuing education may apply for at least two hours of volunteer service in a dental related setting.

(i) Not more than eight hours of continuing education taken through the Internet in a 24-hour period may apply to meet the continuing education hours required by 12 AAC 28.400 or 12 AAC 28.405.

12 AAC 28.420. REPORT OF CONTINUING EDUCATION.

(a) An applicant for renewal of a dentistry license or a dental hygienist license shall submit, on a renewal form provided by the department, a signed statement of compliance with the continuing education requirements under 12 AAC 28.400 – 12 AAC 28.410, as described in 12 AAC 02.960.

(b) An applicant for renewal is responsible for maintaining adequate and detailed records of continuing education courses taken, as described in 12 AAC 02.960(f), and shall make them available to the board upon request.

(c) Falsification of any written evidence submitted to the board under this section is grounds for license revocation or suspension under AS 08.32.160(1) and (5) and AS 08.36.315(1) and (7).



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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
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
TOTAL:			

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

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

1. Credit Card Number:		All 3 fields MUST be completed. This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		