



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

Dental or Dental Hygiene Clinical Program Approval Application

A person enrolled as a student in an accredited school of dentistry or dental hygiene may perform procedures as part of a course of study without a license if:

- (1) The procedures are performed under the direct supervision of a member of the faculty who is licensed under chapter 36 or 32, or under the direct supervision of a team of licensed faculty dentists or dental hygienists at least one of whom is licensed under either chapter;

- AND -

- (2) The clinical program has received written approval from the board.

Complete applications will be forwarded to the board for review. Following approval of a program, the school must re-apply to the board for approval if any changes are made to the school's accreditation standing.

PART I Program Information

Program Name:			
Dental/Dental Hygiene School:			
Mailing Address:	P.O. Box or Street	City	State Zip
School Website:		Phone:	
Accreditation Status:		Accreditation Approval Date:	
Next Accreditation Visit:			
<input type="checkbox"/> I understand I must submit the dental or dental hygiene accreditation verification.			

PART II Contact Person

Contact Name:			
Email:		Phone:	

Signature

I hereby certify the above information is true and correct to the best of my knowledge.

School Seal	School Official Signature:		Date Signed:	
	School Official Printed Name:		Title:	
	Email:		Phone:	