



State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
BOARD OF DENTAL EXAMINERS
State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2542 ★ Fax: (907) 465-2974
E-mail: license@alaska.gov
Website: www.commerce.alaska.gov/occ/pden.htm

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.

Please read the application, statutes, regulations, and all instructions carefully. It is your responsibility to be aware of the requirements for program approval and provide all necessary documentation. The Board will not review the application until the file is complete.

The following documents must be on file to be considered for a Dental or Dental Hygiene Clinical Program Approval:

1. Completed application, form 08-4608
2. Dental or dental hygiene school accreditation verification.

GENERAL INFORMATION

Program approval applications received and complete will be forwarded to the Board for their review and action. 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.

ADDRESS CHANGE

In accordance with 12 AAC 02.900, a person must notify the Division **in writing** of a change of address. We will accept a fax, e-mail, or written notice that comes directly from the licensee or applicant. We will not accept a telephone call for a change of address. A change of address form may be obtained from the division's website at: www.commerce.alaska.gov/occ under "Professional Licensing."

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: www.commerce.alaska.gov/occ under "License Search."

STATUTES AND REGULATIONS

The complete set of Board of Dental Examiners' Statutes and Regulations is available on the board's website at www.commerce.alaska.gov/occ/pden.htm. If you are unable to download the statutes and regulations, please contact the division and request a copy by mail.



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For Division Use Only

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THIS APPLICATION MUST BE COMPLETED IN FULL. If any section does not apply, please write N/A in the space provided.
TYPE OR PRINT IN INK ALL INFORMATION.

The Board will accept applications for clinical program approval that are part of an accredited school of dentistry or dental hygiene.

Program Name: _____

Accredited Dental/Dental Hygiene School: _____

Accreditation Status/Date: _____ Next Accreditation Visit: _____

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

School Web Site: _____

Contact Person: _____

Contact Telephone: _____ School Telephone: _____

Contact Person E-mail: _____

SIGN HERE

Signature of School/Program Official

Printed Name and Title

OFFICIAL SCHOOL SEAL

School Address

Phone Number

Date Approved by the Board of Dental Examiners: _____