



THE 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) 465-2550 • Fax: (907) 465-2974

Email: BoardOfDentalExaminers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers

Dental License by Examination — Level III

For applicants who have NOT held a dental license for at least 90 days in any jurisdiction

“Except as provided in AS 08.36.238, a person may not practice, or attempt to practice, dentistry without a license.”
— Sec. 08.36.100

A separate application is required to administer moderate sedation or minimal sedation to patients younger than 13 years of age, and deep sedation or general anesthesia.

All dentists who hold a DEA registration number are required to register with the Prescription Drug Monitoring Program: PDMP.ALASKA.COM

Documents to be Submitted by the Applicant

1. Complete, signed and notarized application form 08-4165;
2. Nonrefundable application fee of \$600.00;
3. License fee of \$450.00;
4. Authorization for Release of Records form 08-4165b;
5. Official transcripts sent directly from dental school;
6. Drug Enforcement Administration (DEA) verification (08-4165a). This must be submitted directly from DEA for verification even if you are not currently registered with DEA. Persons with a valid federal DEA registration number must submit proof of two hours of education in pain management and opioid use and addiction completed within two years preceding the date of application;
7. Copy of current certification cardiopulmonary resuscitation (CPR) card;
8. Copy of examination certificate from WREB, or equivalent clinical examination, indicating that you have successfully passed the examination or successful completion of a two-year or more postgraduate training program approved by the Commission on Dental Accreditation of the American Dental Association, and evidence of having five years of continuous clinical practice with an average of 20 hours per week, immediately preceding the date of application; for purposes of the clinical practice requirements of this subparagraph, clinical practice may include dental school.
9. Copy of National Board examination scores indicating successful passage of exam.

Level III Professional Background Information Service (PBIS): This report is required of those applicants who have not previously held a dentist license in any jurisdiction before the 90 days immediately preceding the date of application. You will need to arrange with PBIS for submission of a Level III credential report to be sent directly to the department by PBIS. This process generally takes between one and three months. Please plan accordingly. Contact PBIS directly at the below address:

Professional Background Information Services

23460 N. 19th Avenue, Suite 225

Phoenix, AZ 85027

Telephone: (602) 861-5867 • Fax: (602) 371-8131

Website: www.pbisonline.com • E-mail: applications@pbisonline.com

Examination Information

The Alaska Board of Dental Examiners accepts the results from the Western Regional Examining Board (WREB), or equivalent clinical examination, in lieu of giving their own examination. 12 AAC 28.940 requires that an applicant for licensure by exam obtain a passing score within the five years immediately preceding the date of application and includes the following subject area components or characteristics:

- i. standardization and calibration of the examiners and anonymity between candidates and grading examiners;
- ii. patient based periodontics testing;
- iii. constructive response testing that includes treatment planning;
- iv. endodontics testing, on a mannequin or live patient, to include access and obturation of an anterior tooth and access of a multicanalled posterior tooth;
- v. prosthetics testing, on a mannequin or live patient, to include a crown prep or a bridge prep;
- vi. patient based operative examination that includes one class II posterior alloy **or** composite procedure, **and one additional operative procedure**, either anterior class III or posterior class II.

Other Information Required for Licensure

1. As required by AS 08.36.110(F), the Division will query the National Practitioner Data Bank (NPDB) and the American Association of Dental Boards Clearinghouse for Disciplinary Information that relates to criminal or fraudulent activity, negligent dental care, or malpractice.
2. All applicants must complete the board's Jurisprudence questionnaire. The questionnaire is open book consisting of 25 multiple choice questions. Once an application is on file, the questionnaire will be mailed or emailed to the applicant for completion.
3. There are separate applications for moderate sedation permits and deep sedation or general anesthesia permits. If you need to apply for these permits you may download the applications from the website, *ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers* or contact this office to request that the application(s) is mailed to you.
4. Wall certificate fee of \$20.00. (optional)

How Can You Help?

1. Average processing time to complete the file is from 8-12 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.
4. Provide complete explanations for any "Yes" responses; it saves time if we don't have to request such information. When in doubt, disclose all information or contact our office.
5. Provide a brief description for any malpractice claims describing the allegations, the nature of the case, your level of involvement, and the resolution of the case, if any. Documentation confirming outcome of the malpractice claim is required.

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 8-12 weeks from the date it is received in this office, complete with all correct forms, supporting documents and appropriate fees paid. If the application is incomplete, the applicant will be notified of the incomplete and/or incorrect documents and fees. 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 and sent to you with a cover letter about Alaska statutory requirements. If the application is not approved for licensure, a written explanation of the basis of that denial and information on how to appeal the decision will be provided. 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.

LICENSE TERM:

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on February 28 of odd-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record. If your program offers temporary licenses, they are issued for either 30 consecutive days or until the end of the calendar year, whichever period is shorter.

"YES" RESPONSES:

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 both charging and closing court documentation.

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, you will be sent a letter and required to submit copies of documentation and proof that you satisfied the continuing competency requirements as you stated on this renewal form. Please note that 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".

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 Exception from Social Security Number Requirement form located at ProfessionalLicense.Alaska.gov or contact the Division for a copy of the form.

SPECIAL ACCOMMODATIONS FOR EXAMINATION:

Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination, you must submit an *Application for Examination Accommodations for Candidates with Disabilities form* (08-4214).

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.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900, or the Postsecondary Education office at (907) 465-2962 or (800) 441-2962 to resolve payment issues.

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, call (907) 465-2550 or online at: BusinessLicense.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 program you want to be updated on to:

REGULATIONS SPECIALIST
Email: RegulationsAndPublicComment@Alaska.Gov
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806
Juneau, Alaska 99811-0806



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Dental License by Examination — Level III

PART I		Payment of Fees	
Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee		\$600
	<input type="checkbox"/> Initial License Fee		\$450
Optional Fee:	<input type="checkbox"/> Wall Certificate		\$20

PART II		Applicant Information	
<p>It is the responsibility of the applicant to ensure that all information requested in this application is received. Each question must be answered fully, truthfully, and accurately. Any omissions or inaccuracies are grounds for disapproval and rejection. Section 08.36.315(1) of the Dental Practice Act provides that knowingly cooperating in deceit, fraud, or intentional misrepresentation to obtain a license is cause for suspension, revocation, or annulment of licensure. If the space of any answer is insufficient, the applicant may complete the answer on a separate sheet specifying the question number it applies to and signed by the applicant.</p>			
Full Legal Name:			
<p>Provide all other names used (maiden, nicknames, aliases). Attach documentation of all legal name changes.</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Other Names Used: _____</p>			

Mailing Address:			
Contact Phone:			

Birthdate:		Gender:	
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<p>EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting your license or other business with the Alaska Division of Corporations, Business and Professional Licensing by email, you agree to notify the Division in writing when your email address changes. You understand that failure to check your email address or to keep it in good standing may result in an inability to receive crucial information, potentially resulting in the inability to obtain or retain licensure.</p>			
Email Address:		<input type="checkbox"/> Send my Correspondence by Email	
		<input type="checkbox"/> Send my Correspondence by US Mail	

<p>SOCIAL SECURITY NUMBER: AS 08.01.100 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>	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>										

PART III **DEA Registration**

DEA Registration Number		Expiration Date	
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PART IV **Education****Pre-Dental Education**

College or University			
City and State			
Degree			
Dates Attended		Semester Hours	

Dental Education

School of Dentistry			
City and State			
Degree			
Exact Date of Diploma			

PART V **Examination Information****A candidate must have passed the national board exams.**

Date Passed: _____

**A candidate must also have passed one of the two options below:**

I passed the WREB Examination, or equivalent clinical examination, within five years immediately preceding the date of application.

Date Passed: _____

— or —

I completed a two-year or more post-graduate training program approved by the Commission on Dental Accreditation.

Date Completed: _____

Name of Program: _____

PART VI Uniformed Services

Have you ever served in the armed forces?

-
- Yes
-
-
- No

Branch:

Commission Date:

Rank:

Serial Number:

Discharge Date:

Discharge Type:

If separated from the services, state nature of separation and if other than honorable, specify type and circumstances surrounding your release. Explain any court martial convictions while serving in the uniformed services.

PART VII License History

List all states or jurisdictions where you are currently or ever have been licensed as a dentist:

State/Jurisdiction	License #	Original Issue Date	Dates of Practice

PART VIII Practice History

Make a complete statement of the general character of your practice of dentistry since first being admitted to practice in any jurisdiction. Include temporary or part-time work. State each employment or period of practice.

1. The periods during which you were employed as a dentist, or engaged in dentistry in private practice, with dates.
2. The addresses of the offices, or places at which you were so employed or engaged, and the names and addresses of all employers, partners, and/or associates or places.
3. The nature of your practice. If your present practice is limited to a specialty, list the specialty.
4. The reason for the termination of each employment or period of private practice.

Dates of Employment:	
Name of Employer:	
Nature of Practice:	
Reason for Leaving:	
Current Business Address:	
Current Business Address:	

The following professional fitness questions must be answered. "Yes" answers may not automatically result in license denial. If you answer "Yes" to any of the questions, please explain dates and specific circumstances (locations, type of action, organizations or parties involved) on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, certificates of completion, board or license actions, investigative notices, etc.).

When in doubt, disclose and explain.

1. Have you ever practiced dentistry illegally?

Yes
 No

2. Have you ever had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?

Yes
 No

3. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.

Yes
 No

4. Have you ever been the subject of a report from the National Practitioner Data Bank or the American Association of Dental Boards Clearinghouse for Board Actions that relates to criminal or fraudulent activity, or dental malpractice?

Yes
 No

5. Are you the subject of a decision based upon a complaint, investigation, review procedure, or other disciplinary proceeding within the five years immediately preceding application, or of an unresolved complaint, investigation, review procedure, or other disciplinary proceeding, undertaken by a state, territorial, local, or federal dental licensing jurisdiction or a dental society?

Yes
 No

6. Are you the subject of an unresolved decision or a decision based upon a complaint, investigation, review procedure, or other disciplinary proceeding, undertaken by a state, territorial, local, or federal dental licensing jurisdiction, dental society, or law enforcement agency that relates to criminal or fraudulent activity, dental malpractice, or negligent dental care and that reflects on your ability or competence to practice dentistry or on the safety or well-being of patients?

Yes
 No

7. Within the five years immediately preceding the date of application for licensure, have you experienced or been treated for, bipolar disorder, schizophrenia, paranoia, depression (except for situational or reactive depression), psychotic disorder, or other mental or physical condition or disability?

Yes
 No

8. Within the past five years, have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates, or habit-forming drugs?

Yes
 No



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Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form **only** to explain and document any Professional Fitness “Yes” answers. A “Yes” answer is not necessarily disqualifying, but concealing one may be.

Each “Yes” answer requires a separate explanation and associated documentation. Do not assume that the division has documentation that you have already provided. Submit all relevant documentation with this form.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice).
- **Disciplinary actions** may include but not be limited to; suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “Yes” answers or multiple incidents for any Professional Fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “Yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.



Write the professional fitness question number you are answering “Yes” to in the box.

Location of Incident:		Date of Incident:	
Explanation of Incident:			
When in doubt, disclose and explain. Make copies as necessary.			

Did you attach all applicable documents associated with this incident?

- Court orders
 Consent agreements
 License actions
 Charging documents
 Court records
 Fitness to practice
 All other documentation related to this incident
 I have additional incidents for this “Yes” answer, or “Yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

Full Name:			
Signature:		Date:	

Statement Of Ethical Standards:

I acknowledge and understand that a licensed dentist in Alaska shall adhere to the ethical standards for dentists established by the Alaska Board of Dental Examiners and that failure to adhere to the ethical standards may result in imposition of a sanction that is described in AS 08.36.315.

By my signature on this form, I CERTIFY that if I am granted licensure in the State of Alaska as a dentist, I will adhere to The American Dental Association's Principles of Ethics and Code of Professional Conduct, with official advisory opinions revised to April 2012, is adopted by reference as the ethical standards for dentists and applies to all dentists in the state (12 AAC 28.905(b)).

Impaired Practitioner Affidavit:

I swear to the Board of Dental Examiners, by signature on this application and through this affidavit, that I am not an impaired practitioner.

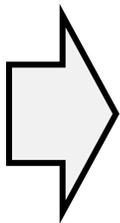
I understand that any false or misleading information may result in denial, suspension, or revocation of the license for which I have applied, or for any Alaska dental license that I now hold.

Per AS 08.36.370(6), "impaired practitioner" means a person who is unfit to practice dentistry due to addiction or dependence on alcohol or other drugs that impair the practitioner's ability to practice safely.

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's Signature:		Printed Name:	
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary's Signature:		My Commission Expires:	

Before mailing this license application, have you...



- ✓ Completed all questions in the form?
- ✓ Attached your check for fees payable to the State of Alaska or credit card payment form?
- ✓ Signed and dated the form?
- ✓ Attached explanations and supporting documents for any "Yes" responses?
- ✓ Obtained necessary signatures?
- ✓ Attached required documents?



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Website: *ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers*

Verification of DEA Registration Status

Complete this top part and then mail it to the Drug Enforcement Administration (DEA) at:

→ **Applicant:**

Drug Enforcement Administration
Attn: Diversion Unit
300 5th Avenue, Suite 1300
Seattle, WA 98104

Full Legal Name			
Other Names Used			
Birth Date		DEA Registration Number	
Mailing Address			
Address of DEA Registration			
Applicant's Signature		Date of Signature	

→ **DEA Use Only:**

Please search your records and advise if there is any derogatory information on file against this dentist. Please return this form directly to the Alaska State Board of Dental Examiners at the letterhead address.

Has this applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is any such investigation pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

DEA Comments:



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Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my medical, dental, employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of all such records pertaining to me to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations which are considered appropriate by the division in connection with an official investigation and to provide copies of my records to those persons or organizations deemed appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatments. This release specifically includes information from federal service and peer review organizations.

I request that upon presentation of this release, or a certified true copy, that you provide copies of those records to the division and its investigators, and/or representatives of the office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for Alaska dentistry licensure. This authorization expires one year from the date of my signature.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, and its investigators, and all others directly or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

Name			
Address			
Phone		Date of Birth	
Signature		Date	



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Verification of Pain Management and Opioid Use and Addiction Education

Applicants for licensure must complete no less than two hours of education in pain management and opioid use and addiction in the two years preceding the date of application as required by AS 08.36.110(a)(3). If applying by credentials, please submit documentation indicating compliance with this requirement.

→ **Applicant:** Complete the top part of this form and send to your school registrar for further processing.

Full Legal Name			
Mailing Address			
Phone		Email Address	
Name of School			
School Address			
Applicant's Signature		Date of Signature	

→ **Registrar Only:** Please search your records and verify whether the above-named graduate has completed at least two hours of education in pain management and opioid use and addiction.

Did the dental curriculum include at least two hours in pain management and opioid use and addiction? Yes No

Did the above-named individual successfully complete the course(s)? Yes No

Verifying Officer Name:

Verifying Officer Signature:

Date:

PLEASE RETURN THIS FORM TO THE ALASKA BOARD OF DENTAL EXAMINERS



THE STATE of ALASKA

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

FOR DIVISION USE ONLY

State of Alaska
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CREDIT CARD PAYMENT

For security purposes, do not email credit card information. Fax or mail this credit card payment form to the Division. Completion of this form is not proof of payment until the Division processes the information. If any information on this form is illegible, the form will be rejected.

Name of Applicant or Licensee: _____

Type of License: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):
Table with 2 columns: Description, Amount. Includes rows for Application Fee, License or Renewal Fee, and Other (name change, wall certificate, fine, duplicate license, exam, etc.).

Name (as shown on credit card): _____

Mailing Address: _____

Phone: _____ Email (optional): _____

Credit Card Type: [] VISA — or — [] Mastercard

Signature of Credit Card Holder: _____

.....

VISA or Mastercard Number: _____ Expiration Date: _____

This section below the dotted line will be destroyed upon processing of the payment.