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
(907) 465-2550 • Email: *BoardOfDentalExaminers@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers*

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FOR DIVISION USE ONLY

Renewal: Dental Assistant Restorative Function

March 1, 2019 – February 28, 2021

Certificate Fee:	☐ Certificate Renewal *(for certificates first issued on or before February 28, 2018)*	**$60.00**
	☐ Prorated Certificate Renewal *(for certificates first issued on or after March 1, 2018)*	**$30.00**

Alaska Restorative Function Certificate Number:	

Full Legal Name:	First Name:	Middle Name:	Last Name:	
Mailing Address: Address change: ☐	Address:	City:	State:	ZIP Code:
Contact Phone:		**Birthdate:**		

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.

Email Address:		☐ Send my Correspondence by Email ☐ Send my Correspondence by US Mail

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.	___ – __ – ____
Name of Licensed Dentist Providing Supervision:	
Address of Supervising Dentist:	

By my signature below, I certify that the information in this application is true and correct. I understand it is a Class A misdemeanor under Alaska Statutes 11.56.210 to falsify an application and commit the crime of unsworn falsification. The Division may deny, suspend or revoke the license or registration of a person who has obtained or attempted to obtain a license or registration by fraud or deceit.

Applicant's Signature: _____ **Date:** _____

! 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. 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.

APPLICATION SUBMITTAL:
Submit applications forms and supporting documents by U. S. Mail to: CBPL, P.O. Box 110806, Juneau, AK 99811-0806

If you are using a courier delivery service, the physical delivery address is: 333 Willoughby Avenue, 9th Floor, Juneau, AK
The U.S. Post Office will not deliver to the physical address.

AS 08.36.344(b):
A certificate issued under this section authorizes a dental assistant under the direct supervision of a licensed dentist to place restorations into a cavity prepared by the licensed dentist and thereafter carve, contour, and adjust contacts and occlusion of the restoration.

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.

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. To make these changes and to opt-in to receive email notifications, visit: *ProfessionalLicense.Alaska.Gov/MYLICENSE*

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 located at *ProfessionalLicense.Alaska.gov* or contact the Division for a copy of the form.

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
P.O. Box 110806
Juneau, Alaska 99811-0806

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Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
PO Box 110806, Juneau, AK 99811
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: _____

Program Type: _____ 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 *(name change, wall certificate, fine, duplicate license, exam, etc.)*:
  1. _____ _____
  2. _____ _____

TOTAL: 0

Name *(as shown on credit card)*: _____

Mailing Address: _____

Phone Number: _____ Email *(optional)*: _____

Signature of Credit Card Holder: _____

08-4438 Rev 12/26/18 Credit Card Payment Form (all major cards accepted)

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

1. Account Number: _____
2. Expiration Date: _____
3. Billing ZIP Code: _____
4. Security Code: _____

All four fields **MUST** be completed!

This section will be destroyed after the payment is processed.