



STATE OF ALASKA  
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT  
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING  
BOARD OF DENTAL EXAMINERS  
333 Willoughby Avenue, 9th Floor  
P.O. Box 110806  
Juneau, Alaska 99811-0806  
(907) 465-2542  
E-mail: [license@alaska.gov](mailto:license@alaska.gov)

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**APPLICATION FOR A COURTESY LICENSE TO  
PRACTICE DENTISTRY OR DENTAL HYGIENE**

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Except as provided in AS 08.36.238, a person may not practice, or attempt to practice dentistry or dental hygiene without a current license. A courtesy license may only be issued for a limited purpose approved by the board. A courtesy license does not authorize the licensee to practice dentistry or dental hygiene outside the limited purpose that is specified on the courtesy license.

A limited purpose for a courtesy license is the practice of dentistry or dental hygiene to underserved persons by a dentist or dental hygienist who has entered a written contract with a non-profit organization, charitable organization, or governmental agency. ("Underserved person" means individuals and groups of individuals whose access to dental health care in this state is limited or nonexistent due to geographic or economic factors, including low income and rural residence.)

A courtesy license may be issued to a non-resident to practice dentistry or dental hygiene, is nonrenewable and is valid for a period not to exceed 90 days or the duration of the limited purpose approved for the courtesy license holder, whichever is less. A person may not be issued more than one courtesy license in a 12-month period.

A courtesy license may not be used 1) for the purposes of locum tenens coverage; 2) to serve in place of a temporary or other license; 3) for the purposes of employment consideration; or 4) for receipt of remuneration directly or indirectly for practicing dentistry or dental hygiene requiring licensure under this chapter.

**COURTESY LICENSE PROCEDURES**

The following documents and fees constitute a complete application and must be on file before an application will be considered.

1. Completed, notarized application. (In accordance with AS 08.01.060 all applicants must provide a United States Social Security Number as required on the application. Applicants who do not hold a United States Social Security Number must complete the form "Request for Exception from Social Security Number Requirement" located at [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ) or contact the division for the form.)
2. \$50.00 non-refundable application fee  
\$50.00 Courtesy license fee  
Make check or money order payable to the State of Alaska.
3. Verification of a current license to practice dentistry or dental hygiene, sent directly from a state or jurisdiction with requirements at least equivalent to those of this state at the time of application and which verifies that the licensee is not under investigation in the state or other jurisdiction in which the applicant is licensed (form 08-0005b);
4. A description of the scope of dentistry or dental hygiene practice required to perform the duties for which the courtesy license is to be issued; the description must include the practice location, duration of practice, and patient population to be seen; the applicant must demonstrate to the board's satisfaction that the scope of dentistry or dental hygiene practice is for the limited purpose;
5. A description in sufficient detail for the board to evaluate the circumstances under which the applicant will be practicing under any courtesy license issued, including the name and license number of the supervising dentist licensed to practice in this state if the applicant is working in a supervised clinic.

(A dental hygiene courtesy license holder may practice only under the general supervision of a dentist licensed in Alaska.)

6. A copy of the signed, written contract with a non-profit organization, charitable organization, or governmental agency, as referenced in 12 AAC 28.955(b).

**12 AAC 28.955. Courtesy license.** (a) The board will issue a courtesy license to practice dentistry or dental hygiene for only a limited purpose that is approved by the board under (b) of this section to an applicant who meets the requirements of this section. The board will specify the limitations on scope of the approved practice and duration of the courtesy license. A courtesy license does not authorize the licensee to practice dentistry or dental hygiene outside the limited purpose that is specified on the courtesy license.

(b) The board will consider a limited purpose for a courtesy license to be the practice of dentistry or dental hygiene to underserved persons by a dentist or dental hygienist who has entered a written contract with a non-profit organization, charitable organization, or governmental agency.

(c) An applicant for a courtesy license under this section shall submit to the department a completed, notarized application on a form provided by the department. An application must include

(1) the applicable application and license fees established in 12 AAC 02.190;

(2) a description of the scope of practice of dentistry or dental hygiene required to perform the duties for which the courtesy license is to be issued; the description must include the practice location, duration of practice, and patient population to be seen; the applicant must demonstrate to the board's satisfaction that the scope of practice of dentistry or dental hygiene is for a limited purpose set out in this section;

(3) a verification of a current license to practice dentistry or dental hygiene in good standing in another state or other jurisdiction with requirements at least equivalent to those of this state at the time of application under this section and that the licensee is not under investigation in the state or other jurisdiction in which the applicant is licensed; and

(4) a description in sufficient detail for the board to evaluate the circumstances under which the applicant will be practicing under any courtesy license issued, including the name and license number of the supervising dentist licensed to practice in this state if the applicant is working in a supervised clinic.

(d) A courtesy license issued under this section is nonrenewable and is valid for a period not to exceed 90 days or the duration of the limited purpose approved under this section for the courtesy license holder, whichever is less. A person may not be issued more than one courtesy license under this section in a 12-month period.

(e) A courtesy license holder may not use a courtesy license

(1) for the purposes of locum tenens coverage;

(2) to serve in place of a temporary or other license under AS 08.32 or AS 08.36;

(3) for the purposes of employment consideration, if licensure is required under AS 08.32 or AS 08.36; or

(4) for receipt of remuneration directly or indirectly for practicing dentistry or dental hygiene requiring licensure under this chapter.

(f) A holder of a courtesy license for dental hygiene may practice only under this section and under the general supervision of a dentist licensed in Alaska.

(g) While practicing under a courtesy license issued under this section, the holder of the courtesy license is obligated to uphold the standards of practice identified in AS 08.32, AS 08.36, and in this title for the relevant provisions, and is subject to the relevant disciplinary provisions in AS 08.32, AS 08.36 and this title for actions taken or omitted while practicing under the courtesy license.

(h) The board may refuse to issue a courtesy license for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.32.160, 08.32.165, and AS 08.36.315.

(i) In this section,

(1) "remuneration" does not include reimbursement for actual reasonable expenses incurred for travel, food, and lodging;

(2) "underserved persons" means individuals and groups of individuals whose access to dental health care in this state is limited or nonexistent due to geographic or economic factors, including low income and rural residence.

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FOR OFFICE USE ONLY

**COURTESY LICENSE APPLICATION FOR THE PRACTICE OF  
DENTISTRY OR DENTAL HYGIENE**

Fees Due: \$50.00 Application fee (nonrefundable)  
\$50.00 Courtesy license fee  
(Make Check or Money Order Payable to the State of Alaska)

Name: \_\_\_\_\_  
Last First Middle Initial

Other Names under which you have been known (maiden name, etc.): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street or P.O. Box Number City State Zip Code

Social Security No.: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  Male  Female

Daytime Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

List the States or Jurisdictions in which you hold or have ever held a license or permit to practice dentistry or dental hygiene:

\_\_\_\_\_

State or Jurisdiction which will forward to this office a current Verification of Licensure: \_\_\_\_\_

Exact Dates License Required (90 day maximum): From: \_\_\_\_\_ To: \_\_\_\_\_

Provide a detailed description of the circumstances (non-profit organization, charitable organization, or governmental agency) under which you will be practicing under the courtesy license issued, including the name and license number of the supervising dentist licensed to practice in the state if the applicant is working in a supervised clinic:

Description of Circumstances under which you will be practicing: \_\_\_\_\_

\_\_\_\_\_

If applicable, name and license number of Alaska supervising dentist: \_\_\_\_\_

\_\_\_\_\_

Provide a description of the scope of practice of dentistry or dental hygiene required to perform the duties for which the courtesy license is to be issued; the description must include the practice location, duration of practice, and patient population to be seen:

Scope of Practice: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Practice Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Duration of Practice: \_\_\_\_\_

Patient-Population of be seen: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All applicants' must read and complete:

**By my signature below, I attest that I have not:**

1. had a dental or dental hygiene license suspended or revoked in any jurisdiction;
2. been convicted, by a civilian court of this state, the United States, or another state or territory of a felony or misdemeanor involving alcohol or a controlled substance listed in AS 11.71.140 – AS 11.71.190 within the three years immediately before the date of application for a courtesy license.
3. had two or more convictions, by a civilian court of this state, the United States, or another state or territory of a felony or misdemeanor involving alcohol or a controlled substance listed in AS 11.71.140 – AS 11.71.190 within the five years immediately before the date of application for a courtesy license, unless I also successfully completed a treatment program related to abuse of alcohol or a controlled substance since the date of the most recent conviction.

I further understand that all information on this form and supplied with this form will be available to the public, unless required to be kept confidential by state or federal law. By my signature below, I attest that all facts, statements, and answers contained in this application are true and correct; I am not omitting any information which might be of value to this board in determining my qualifications and character, whether it is called for or not. Such falsifications, omissions, or withholding shall serve as sufficient grounds for the suspension, cancellation, or revocation of my dental courtesy license even though it is not discovered until after issuance. I hereby give permission to the Board of Dental Examiners to secure additional information concerning me or any statement in this application from any person or any source the board may desire. I further agree to submit to questioning by the board or any member thereof, and to substantiate any statements if desired by the board.

I have read the Alaska Dental & Dental Hygiene Practice Act. I solemnly declare upon my honor that, if granted a courtesy license in Alaska, I will respectfully comply with any law governing the practice of dentists and dental hygienists in this state, and will do my best to uphold and maintain the ethics of the profession.

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME , a notary public in and for the state of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**NOTARY SEAL**

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

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**AUTHORIZATION FOR RELEASE OF RECORDS**

**TO WHOM IT MAY CONCERN:**

I, \_\_\_\_\_, residing at \_\_\_\_\_

\_\_\_\_\_, 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.

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 true copy, that you provide copies of those records to the division 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 if appropriate.

This authorization is given expressly in connection with my application for an Alaska Dental OR Dental Hygiene Courtesy License. This authorization expires one year from the date of my signature.

My Date of Birth is: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_ Work Telephone: ( ) \_\_\_\_\_

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STATE OF ALASKA**  
**Department of Commerce, Community, and Economic Development**  
**Division of Corporations, Business and Professional Licensing**  
**Alaska Board of Dental Examiners**  
**P.O. Box 110806**  
**Juneau, Alaska 99811-0806**  
**COURTESY LICENSE**

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**VERIFICATION OF LICENSURE**

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**Applicant:** Complete this section and mail to a jurisdiction in which you hold a current license to practice dentistry or dental hygiene. Some jurisdictions require a fee for completion of a license verification; you may wish to check with that agency prior to submitting this form for completion.

Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

License No.: \_\_\_\_\_

Address: \_\_\_\_\_

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**PLEASE DO NOT DETACH.** The information below must be completed by the State Licensing Board; it may not be completed by the applicant.

**PLEASE MAIL DIRECTLY TO THE STATE OF ALASKA**

State of \_\_\_\_\_

Name of Licensee: \_\_\_\_\_

Type of License Granted: \_\_\_\_\_

License No.: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Licensed by:**     State Exam                       National Exam                       Other

**Status:**             Current            --    Expiration Date: \_\_\_\_\_  
                   Inactive            --     Lapsed             Suspended  
                   Revoked            --     Reinstated (if applicable, please explain)

The above-named applicant     is             is not in good standing with this board.

Is the above-named applicant currently under investigation?     Yes             No

Has the applicant's license ever been suspended, revoked or subject to any disciplinary actions?     Yes             No  
If so, for what reason?

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Please provide any information you believe relevant to the applicant's qualifications to practice as a dentist or dental hygienist:

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(BOARD SEAL)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email Address

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