



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 SPECIALTY LICENSE AND GENERAL ANESTHETIC PERMIT APPLICATION

Pursuant to AS 08.36.244, a licensed dentist may not hold out to the public as being especially qualified in a branch of dentistry by announcing through the press, sign, card, letterhead or printed matter, or any means of public advertising, using such terms as "specialist," or inserting the name of the specialty, or using other phrases customarily used by qualified specialists that would imply to the public that the dentist is so qualified, without first securing a specialist's license, as provided in this chapter.

SPECIALTY LICENSE STATUTES - AS 08.36.244, AS 08.36.246, AS 08.36.247

An applicant for a specialty license shall:

1. be a graduate of a dental school that at the time of graduation is accredited by the Commission on Accreditation of the American Dental Association;
2. hold a certificate from the American Dental Association Joint Commission on National Dental Examinations that the applicant has successfully passed the written examinations given by the commission;
3. have not had a license to practice dentistry revoked, suspended, or voluntarily surrendered in this state or another state;
4. not be the subject of an adverse 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;
5. not be the subject of an unresolved or an adverse decision based upon a complaint, investigation, review procedure, or other disciplinary proceeding, undertaken by a state, territorial, local, or federal dental licensing jurisdiction or a dental society, or law enforcement agency that relates to criminal or fraudulent activity, dental malpractice, or negligent dental care and that adversely reflects on the applicant's ability or competence to practice dentistry or on the safety or well-being of patients;
6. not be the subject of an adverse report from the National Practitioner Data Bank or the American Association of Dental Examiners Clearinghouse for Board Actions that relates to criminal or fraudulent activity, or dental malpractice;
7. not be an impaired practitioner;
8. have completed as many academic years of advanced education in the specialty as are required by the appropriate specialty board in a program accredited by the Commission on Accreditation of the American Dental Association or its successor agency;
9. be a diplomate or the equivalent of the appropriate specialty board, or be eligible to be examined for diplomate status as documented by an organization recognized by the American Dental Association; and
10. satisfy one of the following:
 - a. pass an examination approved by the board;
 - b. pass a specialty examination given by the Central Regional Examining Board; or
 - c. be board certified by a specialty certification board recognized by the American Dental Association.
11. pay the required application fee (nonrefundable) and license fee; and
12. satisfy all other requirements required by regulation.

LEVEL II PROFESSIONAL BACKGROUND INFORMATION SERVICE CREDENTIAL REVIEW (PBIS)

The results of a Level II Professional Background Information Service (PBIS) credentials review conducted by PBIS, must be sent directly to the department from PBIS. This process generally takes between one and three months. Please plan accordingly. Contact PBIS directly at:

Professional Background Information Services
23460 N. 19th Avenue, Suite 225
Phoenix, AZ 85027
Telephone: (602) 861-5867
Fax: (602) 861-9656
Website: www.pbisonline.com
E-mail: applications@pbisonline.com

The following documents must be on file before your application will be reviewed for a specialist license. Please note that you must arrange with PBIS for submission of a Level II credential report to be sent directly to the department by PBIS.

DOCUMENTS TO BE SUBMITTED BY APPLICANT:

1. Complete, signed and notarized application (form 08-0006);
2. Nonrefundable application/credential review fee of \$400.00;
3. License fee of \$290.00;
4. Statement of Ethical Standards (form 08-0006a;)
5. Authorization for Release of Records (form 08-0006c;)
6. Drug Enforcement Administration (DEA) verification (form 08-0006b). This verification must be submitted directly from the DEA even if you do not have DEA authority;
7. Verification of all dental association memberships – submitted directly from the association (form 08-0006d).

DOCUMENTS TO BE SUBMITTED IN PBIS – LEVEL II REPORT

7. A copy of a current certification in cardiopulmonary resuscitation (CPR);
8. An affidavit from the applicant stating the applicant is not an impaired practitioner;
9. Verification of current status and disciplinary history from each federal agency where the applicant is or has been employed;
10. Verification of licensure status including information regarding any disciplinary action or investigations taken or pending from all licensing jurisdictions where the applicant holds or has ever held a dental license;
11. Certified true copy of certificate or other proof acceptable to the board that you have completed as many academic years of advanced education in the specialty as are required by the appropriate specialty board in a program accredited by the Commission on Accreditation of the American Dental Association or its successor agency;
12. A notarized statement that you limit your practice exclusively and will ethically announce limitation of your practice in accordance with the Principles of Ethics and Code of Professional Conduct of the American Dental Association;
13. Verification that you are a diplomate or the equivalent of the appropriate specialty board, or are eligible to be examined for diplomate status as documented by an organization recognized by the American Dental Association; and satisfy one of the following:
 - a. pass an examination approved by the board; or
 - b. be board certified by a specialty certification board recognized by the American Dental Association.
14. An affidavit from the applicant that lists the license number and name of the jurisdiction for all dental licenses that the applicant holds or has ever held in any jurisdiction.
15. Copy of National Board of Dental Examiner Scores.
16. Copy of official dental school transcript from a dental school that at the time of graduation is accredited by the Commission or Accreditation of the American Dental Association
17. Copies of Certificates showing the applicant has completed continuing education hours to equal 14 hours per year, or 42 hours during the 3 years immediately preceding date of application if licensed in any jurisdiction.

OTHER INFORMATION REQUIRED FOR LICENSURE

1. As required by AS 08.36.110(1)(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. Upon receipt of an application, the Jurisprudence Questionnaire will be mailed to applicants for completion.

The questionnaire is open book consisting of 25 multiple choice questions. Once an application is on file, the questionnaire will be mailed to the applicant for completion.

3. For your information, there are separate applications for General Anesthetic Permit, Parenteral Sedation Permit, and Branch Office. If you need to apply for the licenses or permits you may do so by downloading the application from the website: www.commerce.alaska.gov/occ/pden.htm or contact this office to request that the application(s) be mailed to you.
4. Wall certificate fee of \$20.00 (optional).

PERMIT FOR ADMINISTRATION OF GENERAL ANESTHETIC AGENT OR AGENTS (12 AAC 28.010-.080)

1. Application fee of \$50.00 (**nonrefundable**) not due if application for specialist license and general anesthetic permit submitted at same time.
2. Permit fee of \$50.00.
3. Copy of your certificate verifying that you are a diplomate of the American Board of Oral and Maxillofacial Surgery; **OR**
4. Verification that you are a member of the American Association of Oral and Maxillofacial Surgery; **OR**
5. Verification that you have fulfilled not less than 36 months of oral surgery advanced education approved by the Council on Dental Education of the American Dental Association; **OR**
6. Verification that you are a certified member of an American Dental Association Specialty Board and meet the minimum requirements in anesthesiology as recommended by the American Board of Oral and Maxillofacial Surgery; **OR**
7. Verification that you have completed a minimum of one year of advanced training in anesthesiology in an accredited program beyond the undergraduate dental school level.

GENERAL INFORMATION

When submitting fees, make check or money order payable to the State of Alaska.

APPLICATION REVIEW

Applications will be processed according to the date received. You will be notified in writing as soon as your application has been reviewed.

Applications are processed as quickly as possible. Unnecessary telephone calls to our office delay processing. Because of telephone calls regarding the status of application and because of privacy issues, **we prefer to restrict our telephone responses to the applicant only.** If you are concerned about your application being received in our office, mail it "Certified – Return Receipt Requested." You will receive a delivery notice from the post office.

The Board of Dental Examiners meets four times a year, usually in March, June, September, and December. The meeting dates are available on the board website at: www.commerce.alaska.gov/occ/pden.htm. In the event that you do not have access to the Internet, you may contact this office for the meeting dates.

HOW CAN YOU HELP?

1. First and foremost: Apply far enough in advance to allow for application processing.
2. If you are concerned about your application being received in our office, mail it "Certified – Return Receipt."
3. If you wish to expedite processing as much as you can, send any necessary verification forms out via overnight mail to the appropriate organization and include a return overnight mail envelope addressed to the licensing examiner for the organization's use. This will help them to respond quickly.
4. Insure that the application is complete and provide any necessary explanations with the application. Print legibly or type your application.

RENEWAL INFORMATION

All Dental Specialty License and General Anesthetic Permits expire on December 31, of even numbered years regardless of when issued, except new licenses issued within 90 days of the expiration date are issued through the next biennium.

ADDRESS CHANGE

In accordance with 12 AAC 02.900, a person must notify the division, in writing, of a change in address.

SOCIAL SECURITY NUMBERS

Alaska Statute 08.01.060(b) requires an applicant for an occupational license to provide a United States Social Security Number. Applicants who do not have a social Security number must complete the "Request for Exception from Social Security Number Requirement" form located on the division's website at: www.commerce.alaska.gov/occ or contact the division to request the form.

PUBLIC INFORMATION

Please be aware that all information on the initial 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 "Professional License Search."

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 of Post-Secondary Education has determined you are in loan default, you will be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Enforcement at (907) 269-6657 if your last name begins with A through M; contact (907) 269-6845 if your last name begins with N through Z, or 1-800-478-3300. Contact the Post-Secondary Education office at 1-888-441-2961 to resolve payment issues.

STATUTES AND REGULATIONS

The complete set of Board of Dental Examiners statutes and regulations is available on the board's website or contact the division and request a copy by mail.

DENTAL EDUCATION

9. School of Dentistry: _____
 City and State: _____
 Degree (DDS or DMD): _____ Exact Date of Diploma: _____

10. National Boards – A candidate must have passed both parts of the National Board Examinations.
 Part I passed: _____ Date (month/year) _____ Part II passed: _____ Date (month/year) _____

11. Have you ever served in the uniformed services? _____ If so, branch of service _____
 date of commission _____, date of discharge _____, rank _____
 serial number _____. If separated from the service, state nature of separation and if other than
 honorable, specify type and circumstances surrounding your release. Give full particulars as to any conviction by court martial
 while serving in the uniformed services. _____

12. List all states or jurisdictions in which you are currently or ever have been licensed. List state, license number, date of
 issuance, and years of practice in each state.

STATE	LICENSE NUMBER	DATE OF ISSUANCE	EXPIRATION DATE

13. Have you served any internships or apprenticeships? Yes No If "Yes," give detailed summary of dates, location, and
 under whom served. **Submit a certified true copy of certification.** _____

14. Experience in specialty: Be specific to places and time you have devoted to your chosen specialty.

15. Are you a member of any specialized society or a dental specialty board? Yes No If "Yes," name them and specify
 length of membership. _____

16. Give six references (dentists) who have referred patients to you, or who personally know your ability (include names and addresses).

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

17. 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.

The periods during which you were employed as a dentist, or engaged in dentistry in private practice, with the dates.

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.

The nature of your practice. (If your present practice is limited to a specialty, list the specialty.)

The reason for the termination of each employment or period of private practice.

Inclusive Dates (Month/Day/Year)		Addresses, Names of Employers, Associates, etc.	Nature of Practice	Reason for Leaving
Began	Ended			

18. If you answer "YES" to any questions, please explain in full, on a separate affidavit, and enclose applicable legal documentation.

- | | YES | NO |
|--|--------------------------|--------------------------|
| a. Have you ever practiced dentistry illegally? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you had a license to practice dentistry revoked, suspended, or voluntarily surrendered in this state or another state? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have you ever been reprimanded, censured, or otherwise disciplined or disqualified as a dentist or other professional? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have you been convicted of a felony or other crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Do you have any criminal charges pending against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Have there been any judgments or unsatisfied judgments against you resulting from the practice of dentistry? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Are you the subject of an adverse 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Are you the subject of an unresolved or an adverse 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 adversely reflects on your ability or competence to practice dentistry or on the safety or well-being of patients? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Within the five years immediately preceding your completion and submission of this application for licensure, have you suffered from, or been treated for emotional or mental illness or substance abuse (including, but not limited to, alcohol, narcotics, or any other substance)? | <input type="checkbox"/> | <input type="checkbox"/> |

Please be aware 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 state 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; and I agree that any falsification, omission, or withholding of information of facts concerning my qualifications as an applicant shall be sufficient to bar me from this or any future examination of my application by the Alaska Board and such falsifications, omissions, or withholding shall serve as sufficient grounds for the suspension, cancellation or revocation of my Alaska Dental License even though it is not discovered until after issuance.

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

SIGN HERE 

Signature of Applicant

SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of _____

this _____ day of _____, 20_____.

Notary Public

SEAL

My Commission Expires: _____

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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 signature below, I certify that if I am granted licensure in the State of Alaska as a dental specialist, I will adhere to the American Dental Association's Principles of Ethics and Code of Professional Conduct, with official advisory opinions revised to April 2002, is adopted by reference as the ethical standards for dentists and applies to the dentists in the state (12 AAC 28.905(b)).

Printed Name

Signature of Applicant

Date

TO THE APPLICANT:

This form must be submitted to the office at address below. Complete the identifying information even if you do not hold DEA authority and submit to:

**Drug Enforcement Administration
Attention: Registration
400 2nd Avenue, West
Seattle, Washington 98119**

**DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BOARD OF DENTAL EXAMINERS
333 WILLOUGHBY AVENUE, 9TH AVENUE
P.O. BOX 110806
JUNEAU, ALASKA 99811-0806**

Date: _____

TO WHOM IT MAY CONCERN:

I am applying for a license to practice dentistry in the State of Alaska. Please indicate on the lower portion of this letter if there is any derogatory information on file against me and send this information directly to the Alaska Board of Dental Examiners. Thank you for your assistance.

NAME: _____

DATE OF BIRTH: _____

DEA REGISTRATION NUMBER: _____

ADDRESS WHERE DEA NUMBER IS REGISTERED: _____

Signature of Applicant

RESPONSE:

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AUTHORIZATION FOR RELEASE OF RECORDS

TO WHOM IT MAY CONCERN:

I, _____, residing at _____ authorize the Alaska Division of Corporations, Business & 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 & 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 (initial, renewal, reactivation) for Alaska Dental Licensure. This authorization expires one year from the date of my signature.

My Date of Birth is: _____

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: _____

Home Telephone: (____) _____ Work Telephone: (____) _____

NOTE: A photocopy reproduction of this request shall be, for all intents and purposes, as valid as the original. You may retain this form for your files.

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VERIFICATION OF DENTAL ASSOCIATION MEMBERSHIP

To Whom It May Concern:

I am applying for a license to practice Dentistry in the State of Alaska. The Board of Dental Examiners requires that this form be completed by each dental association which I am or ever have been a member. Please complete the form and return it directly to the Board of Dental Examiners at the above address.

Name _____

Address _____

Date of Birth _____

PLEASE DO NOT DETACH. The information below must be completed by the Dental Association, and not by the applicant.

Name of Dental Association _____

State of _____

Name of Applicant _____

Member No. _____ issued effective _____

Membership is current _____ lapsed _____ Expiration date _____

Has the applicant ever been the subject of an adverse 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 your dental society? Yes No

If so, for what reason? _____

Has the applicant ever been the subject of an unresolved or an adverse decision based upon a complaint, investigation, review procedure, or other disciplinary proceeding undertaken by your dental society that relates to criminal or fraudulent activity, dental malpractice, or negligent dental care and that adversely reflects on the applicant's ability or competence to practice dentistry or on the safety or well-being of patients? Yes No

If so, for what reason? _____

Signed _____

Title _____

Dental Association _____

Address _____

Telephone Number _____

Date _____