

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 from the DEA even if you do not have DEA authority;

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 Examiners 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.state.ak.us/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.state.ak.us/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.state.ak.us/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.state.ak.us/occ, under "License Search."

PAYMENT OF CHILD SUPPORT

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.

BOARD NEWSLETTER

The Board of Dental Examiners newsletter is available for viewing on the board website at: www.commerce.state.ak.us/occ/pden.htm.

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.

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

For Office Use Only

APPLICATION FOR LICENSURE AS A DENTAL SPECIALIST
AND/OR GENERAL ANESTHETIC PERMIT

- SPECIALTY APPLICATION FEE (NONREFUNDABLE): \$400.00
SPECIALTY LICENSE FEE: \$290.00
PERMIT APPLICATION FEE (NONREFUNDABLE): \$50.00
PERMIT TO ADMINISTER GENERAL ANESTHETIC AGENTS: \$50.00
(Only one application fee due if you are applying at the same time for both a specialty license and general anesthetic permit.)

INSTRUCTIONS TO THE APPLICANT

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. AS 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 for any answer is insufficient, the applicant may complete his/her answer on another sheet signed by him/her and specifying the number of the question to which it relates.

Type or print all requested data.

- 1. Name in full Last First M.I.
2. Other names used, including maiden name:
3. Mailing Address City State Zip Code
4. Residence Address City State Zip Code
5. Office Address City State Zip Code
6. SSN Date of Birth Gender: Male Female

PREDENTAL EDUCATION

- 7. High School: City and State: Year of Graduation:
8. College or University: City and State: Year of Attendance: Semester Hours: Degree:

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. _____

