



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

Phone: (907) 465-2550

Email: [BoardOfDentalExaminers@Alaska.Gov](mailto:BoardOfDentalExaminers@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers](http://ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers)

## Dental License Application Instructions

Except as provided in AS 08.36.238, a person may not practice, or attempt to practice, dentistry without a license, in accordance with AS 08.36.100.

All applications are processed in the order received to ensure fairness to all applicants. Subsequent supporting documents not on file at the time of initial review of the application will also be processed in the order received. General processing times for the dental licensing program is 4-6 weeks from the date received in our office, though those times may lengthen during renewal (January-February of odd-numbered years). Licenses are generally issued 5-7 weeks after a completed application is received.

You must choose one of the following options to apply for licensure:

- **Examination Level III** – For applicants who have been licensed for 0-90 days.
- **Examination Level II** – For applicants who have been licensed for 90 days to 5 years.
- **Credentials** – For applicants who have been licensed for more than 5 years.

### LICENSE BY EXAMINATION LEVEL III

*The following must be received by the division before your application for Dental License by Examination Level III can be considered complete:*

#### 1. APPLICATION

A completed application, signed and notarized (#08-4159, pages 1-7).

#### 2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	\$ 600.00
Permanent License Fee:	\$ 450.00
Prescription Drug Monitoring Program (PDMP):	\$ 0.00
<b>Total Fees Due:</b>	<b>\$1,050.00</b>

#### 3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4159a).

#### 4. OFFICIAL TRANSCRIPTS

Official transcripts sent directly to the department from the applicant's dental school verifying a dental degree and that, at the time of graduation, the school was accredited by the Commission on Dental Accreditation of the American Dental Association.

#### 5. EXAM SCORES

A copy of the applicant's certificate verifying successful passage of the National Board of Dental Examination Part I and Part II, or the Integrated National Board Dental Examination.

#### 6. CLINICAL EXPERIENCE

A copy of the certificate from WREB or equivalent regional exam (as defined by 12 AAC 28.940(b)(8)(B)) verifying passage of the clinical examination;

– or –

A copy of the certificate verifying successful completion of a two-year or more postgraduate training program approved by the Commission on Dental Accreditation of the ADA.

– or –

A copy of the certificate verifying satisfactory completion of a clinically-based postdoctoral general practice residency (GPR) or advanced education in general dentistry program (AEGD), of at least one year's duration, in a hospital or dental facility accredited for teaching purposes by the ADA's Commission on Dental Accreditation (the residency program must include a formal evaluation of the resident's competence to practice dentistry).

**7. CPR CERTIFICATION**

A copy of the applicant's current certification in Cardiopulmonary Resuscitation (CPR) techniques based upon training equivalent to that required for the completion of a CPR course certified by the American Heart Association or American Red Cross. Online courses are not acceptable unless there's a hands-on component.

**8. VERIFICATION OF DEA REGISTRATION STATUS**

A completed Verification of DEA Registration Status form (#08-4159b). This is required even if you are not currently registered with the DEA. Send form #08-4159b to the DEA and they will submit it to our office directly once completed.

**9. IF THE APPLICANT HOLDS A CURRENT AND VALID DEA REGISTRATION NUMBER**

A copy of the applicant's certificate(s) verifying successful completion of not less than two hours of education in pain management, opioid use, and addiction within the two years immediately preceding the date of application. If you do not hold a current DEA registration, this is not required.

**10. JURISPRUDENCE QUESTIONNAIRE**

The applicant must complete the written Alaska jurisprudence examination authorized under AS 08.36.110 and pass with a score of at least 70 percent. This exam will be sent to each applicant after the initial review of their application packet and supporting documents received to date.

**LICENSE BY EXAMINATION LEVEL II**

*The following must be received by the division before your application for Dental License by Examination Level II can be considered complete:*

**1. APPLICATION**

A completed application, signed and notarized (#08-4159, pages 1-7).

**2. FEES**

Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	\$ 600.00
Permanent License Fee:	\$ 450.00
Prescription Drug Monitoring Program (PDMP):	\$ 0.00
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Total Fees Due:	\$1,050.00

**3. AUTHORIZATION FOR RELEASE OF RECORDS**

A completed Authorization for Release of Records form (#08-4159a).

**4. OFFICIAL TRANSCRIPTS**

Official transcripts sent directly to the department from the applicant's dental school verifying a dental degree and that, at the time of graduation, the school was accredited by the Commission on Dental Accreditation of the American Dental Association.

**5. EXAM SCORES**

A copy of the applicant's certificate verifying successful passage of the National Board of Dental Examination Part I and Part II, or the Integrated National Board Dental Examination.

**6. CLINICAL EXPERIENCE**

A copy of the certificate from WREB or equivalent regional exam (as defined by 12 AAC 28.940(b)(8)(B)) verifying passage of the clinical examination;

– or –

A copy of the certificate verifying successful completion of a two-year or more postgraduate training program approved by the Commission on Dental Accreditation of the ADA.

– or –

A copy of the certificate verifying satisfactory completion of a clinically-based postdoctoral general practice residency (GPR) or advanced education in general dentistry program (AEGD), of at least one year's duration, in a hospital or dental facility accredited for teaching purposes by the ADA's Commission on Dental Accreditation (the residency program must include a formal evaluation of the resident's competence to practice dentistry).

**7. CPR CERTIFICATION**

A copy of the applicant's current certification in Cardiopulmonary Resuscitation (CPR) techniques based upon training equivalent to that required for the completion of a CPR course certified by the American Heart Association or American Red Cross. Online courses are not acceptable unless there's a hands-on component.

**8. VERIFICATION OF DEA REGISTRATION STATUS**

A completed Verification of DEA Registration Status form (#08-4159b). This is required even if you are not currently registered with the DEA. Send form #08-4159b to the DEA and they will submit it to our office directly once completed.

**9. VERIFICATION OF LICENSURE**

A Verification of Licensure showing evidence of good standing, including the disposition of any disciplinary action taken or pending against the license, from all licensing jurisdictions where the applicant holds or has ever held a dental license. The applicant can submit the Verification of Licensure form (#08-4159c) to each licensing jurisdiction to be completed, or the verifications can be provided in the format the licensing jurisdiction generally uses, as long as it includes all the same information. These must come directly from the licensing jurisdiction to our office via email or mail. The verifications cannot be accepted if sent by the applicant.

**10. IF THE APPLICANT HOLDS A CURRENT AND VALID DEA REGISTRATION NUMBER**

A copy of the applicant's certificate(s) verifying successful completion of not less than two hours of education in pain management, opioid use, and addiction within the two years immediately preceding the date of application. If you do not hold a current DEA registration, this is not required.

**11. JURISPRUDENCE QUESTIONNAIRE**

The applicant must complete the written Alaska jurisprudence examination authorized under AS 08.36.110 and pass with a score of at least 70 percent. This exam will be sent to each applicant after the initial review of their application packet and supporting documents received to date.

**LICENSE BY CREDENTIALS**

*The following must be received by the division before your application for Dental License by Credentials can be considered complete:*

**1. APPLICATION**

A completed application, signed and notarized (#08-4159, pages 1-7).

**2. FEES**

Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	\$ 600.00
Permanent License Fee:	\$ 450.00
Credential Review Fee:	\$ 400.00
Prescription Drug Monitoring Program (PDMP):	\$ 0.00
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Total Fees Due:	\$1,450.00

**3. AUTHORIZATION FOR RELEASE OF RECORDS**

A completed Authorization for Release of Records form (#08-4159a).

**4. OFFICIAL TRANSCRIPTS**

Official transcripts sent directly to the department from the applicant's dental school verifying a dental degree and that, at the time of graduation, the school was accredited by the Commission on Dental Accreditation of the American Dental Association.

**5. EXAM SCORES**

A copy of the applicant's certificate verifying successful passage of the National Board of Dental Examination Part I and Part II, or the Integrated National Board Dental Examination.

**6. CPR CERTIFICATION**

A copy of the applicant's current certification in Cardiopulmonary Resuscitation (CPR) techniques based upon training equivalent to that required for the completion of a CPR course certified by the American Heart Association or American Red Cross. Online courses are not acceptable unless there's a hands-on component.

**7. VERIFICATION OF DEA REGISTRATION STATUS**

A completed Verification of DEA Registration Status form (#08-4159b). This is required even if you are not currently registered with the DEA. Send form #08-4159b to the DEA and they will submit it to our office directly once completed.

**8. VERIFICATION OF LICENSURE**

A Verification of Licensure showing evidence of good standing, including the disposition of any disciplinary action taken or pending against the license, from all licensing jurisdictions where the applicant holds or has ever held a dental license. The applicant can submit the Verification of Licensure form (#08-4159c) to each licensing jurisdiction to be completed, or the verifications can be provided in the format the licensing jurisdiction generally uses, as long as it includes all the same information. These must come directly from the licensing jurisdiction to our office via email or mail. The verifications cannot be accepted if sent by the applicant.

**9. IF THE APPLICANT HOLDS A CURRENT AND VALID DEA REGISTRATION NUMBER**

A copy of the applicant's certificate(s) verifying successful completion of not less than two hours of education in pain management, opioid use, and addiction within the two years immediately preceding the date of application. If you do not hold a current DEA registration, this is not required.

**10. JURISPRUDENCE QUESTIONNAIRE**

The applicant must complete the written Alaska jurisprudence examination authorized under AS 08.36.110 and pass with a score of at least 70 percent. This exam will be sent to each applicant after the initial review of their application packet and supporting documents received to date.

**11. INTERVIEW**

Upon completion of your application, applicants will be required to have a personal interview by a member of the Board. The completed application and ALL supporting documents must be received and processed before the interview can be scheduled.

**OTHER INFORMATION REQUIRED FOR LICENSURE**

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.

All applicants must complete the Board's jurisprudence questionnaire. The questionnaire is open book consisting of 25 multiple choice questions covering the provisions of AS 08.32, AS 08.36, and 12 AAC 28 relating to the practice of dentistry and dental hygiene. Applicants must pass the questionnaire with a score of at least 70 percent. The questionnaire will be sent to the applicant with an initial status update upon initial review of the application.

**APPLICATION REVIEW**

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. We recommend you do not make commitments for loans, practice start dates, home purchases, etc., based on the expectation of licensure. The Board will not accelerate one application over others, nor will it forego any elements of the screening process.

If you received this application from a source other than directly from the Division or its official website, the application may be outdated or not an official version. To ensure you have the official version, please visit the Division's website:

*ProfessionalLicense.Alaska.Gov*

## General Information

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### **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. 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. 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.

### **PROFESSIONAL FITNESS QUESTIONS:**

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 the charging document and judgement.

### **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, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. 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”. 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 (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

### **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.

### **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, (907) 465-2550 or *BusinessLicense.Alaska.Gov*

### **STALE DOCUMENTS:**

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

**PAYMENT OF CHILD SUPPORT:**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

**PRESCRIPTION DRUG MONITORING PROGRAM:**

All actively licensed practitioners with a DEA registration number valid to use in any state or practice location must register with the Alaska Prescription Drug Monitoring Program (PDMP) within 30 days of initial licensure and use the PDMP to review a patient's prescription history each time before prescribing, administering, or dispensing a federally scheduled II or III controlled substance. For more information, please visit *PDMP.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 specific program you want to be updated on to the address below.

Regulations Specialist  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



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FOR DIVISION USE ONLY

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## Dental License Application

### PART I Application Type

<b>Application Type:</b>	<input type="checkbox"/> Exam Level III	<input type="checkbox"/> Exam Level II	<input type="checkbox"/> Credentials
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### PART II Payment of Fees

<b>Required Fees:</b>	<input type="checkbox"/> Nonrefundable Application Fee	<b>\$600.00</b>
	<input type="checkbox"/> License Fee	<b>\$450.00</b>
	<input type="checkbox"/> Credential Review Fee (Credential Applicants ONLY)	<b>\$400.00</b>
<b>PDMP Fees:</b>	<input type="checkbox"/> I have an active DEA registration number valid in any state or practice location.	<b>\$ 0.00</b>
	<input type="checkbox"/> I do not have an active DEA registration number valid in any state or practice location.	<b>\$ 0.00</b>

### PART III Personal Information

<b>Full Legal Name:</b>			
<p><b>Provide all other names used (maiden, nicknames, aliases).</b> If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Other Names Used: _____</p>			
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Contact Phone:</b>		<b>Date of Birth:</b>	
<p><b>EMAIL AGREEMENT:</b> 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.</p>			
<b>Email Address:</b>		<b>Select One:</b>	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<p><b>Note: If both boxes are selected above, you will receive correspondence electronically.</b></p>			
<p><b>SOCIAL SECURITY NUMBER:</b> AS 08.01.060 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>			

**PART IV Pre-Dental Education Information**

<b>Name of College or University:</b>		<b>Location:</b> (City, State)	
<b>Date Attended From:</b>		<b>Date Attended To:</b>	
<b>Degree Awarded:</b>		<b>Semester Hours:</b>	

**PART V Dental Education Information**

<b>Name of Dental School:</b>			
<b>Location:</b> (City, State)		<b>Date Passed National Board Exams:</b>	
<b>Degree Awarded:</b>		<b>Date Awarded:</b>	

**PART VI Affidavit of Professional Licenses**

List the license number and name of the jurisdiction for all dental licenses you hold or have ever held in any jurisdiction (i.e., states, territories, provinces, or foreign countries). Continue on a separate page, if necessary. Ensure that verifications are sent to our division directly from each governing body.

<b>State or Jurisdiction</b>	<b>Licensed By</b> (Exam, Credential, Other)	<b>License Number</b>	<b>Issue Date</b>	<b>Dates of Practice</b>

- I have never held a dental license in any other jurisdiction;
- or -
- I have listed all jurisdictions where I hold or have ever held a dental license and will request verifications be sent from each of those jurisdictions directly to the Division of Corporations, Business, and Professional Licensing via email or mail.



**PART VII Examination Information**

1. A candidate must have passed the National Board Dental Examination Part I and Part II, or the Integrated National Board Dental Examination.

I have passed the National Board Dental Examination (Part I & II or Integrated).

Date Passed:

2a. A candidate for a license by examination (level II or III) must also have passed one of the options below:

I passed the WREB Examination within five years immediately preceding the date of application.

I will submit a copy of my WREB certificate.

Date Passed:

- OR -

I passed an equivalent examination to the WREB in accordance with 12 AAC 28.940(b)(8)(B) within five years immediately preceding the date of application.

I will submit a copy of my WREB-equivalent exam certificate.

Date Passed:

- OR -

I successfully completed a two-year or more post graduate dental specialty training program approved by the Commission on Dental Accreditation of the American Dental Association.

I will submit a copy of my certificate verifying completion of this program.

Date Completed:

Name of Program:

- OR -

I satisfactorily completed a clinically-based postdoctoral general practice residency (GPR) or advanced education in general dentistry program (AEGD), of at least one year's duration, in a hospital or dental facility accredited for teaching purposes by the Commission on Dental Accreditation of the American Dental Association which included a formal evaluation of my competence (as a resident) to practice dentistry.

I will submit the certificate from my GPR or AEGD.

I will submit a copy of my formal evaluation of my competence to practice dentistry.

Date Completed:

**PART VIII Military Service**

Have you ever been in the armed forces?

 No Yes**Branch of Service:****Date of****Commission:****Rank:****Serial****Number:****Type of Discharge:****Date of****Discharge:**

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 IX Federal Employment****(Credentials Applicants Only)**

Please state whether you have ever been employed as a dentist with a federal agency. If so, verification of the current status and disciplinary history from each federal agency where you are or have ever been employed should be sent directly to us by the agency. A letter from the program director will suffice.

 I have never been employed as a dentist with a federal agency.**- OR -** I have been employed as a dentist with a federal agency and will request verification of the current status and disciplinary history from each agency where I am or have been federally employed be sent directly to the department by those agencies.

## PART X DEA Registration and PDMP Acknowledgment

**1. Providers with a DEA registration number valid to use in any state or practice location must register with the Alaska Prescription Drug Monitoring Program (PDMP). Do you have a DEA Registration number?**

- a. **NO**, I do not have an active DEA registration number valid to use in any state or practice location. I understand if I obtain a DEA registration number, I must register with the Alaska PDMP within 30 days as required by the board. I will refer to all applicable authorizing statutes, regulations, and comply with mandatory use. (Skip to Part X)
- b. **YES**, I have an active DEA registration number valid to use in any state or practice location. I understand I must register with the Alaska PDMP within 30 days of receiving this license, as required by the board, and will comply with mandatory use as required by AS 17.30.200, 12 AAC 28.953, and 12 AAC 40.967.
- I acknowledge I must review a patient's prescription history prior to prescribing, administering, or dispensing a federally scheduled II or III controlled substance.
- I acknowledge that if I have a change in DEA registration number or status, I must promptly submit the DEA Registration Status Change Form (#08-4763).

*If you're unsure of the DEA issue date, indicate January 1st of the estimated year.*

DEA Registration Number:		Issue Date:		Expiration Date:	
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**2. Providers who directly dispense a federally scheduled II - IV controlled substance are required to report to the PDMP daily. Do you plan to directly dispense?** Directly dispense means you deliver the substance directly to the user. Writing a prescription for a patient to fill at a pharmacy is NOT direct dispensing.

*Reporting does not apply to you if you directly dispense an outpatient supply of 24-hours or less in practice locations exempt under AS 17.30.200(t). Exempted facilities include health care facilities (defined in AS 18.07.111 or AS 18.20.499), correctional facilities, inpatient pharmacies, and emergency departments.*

*Per AS 11.71.900(8) "dispense" means to deliver a controlled substance to an ultimate user or research subject by or under the lawful order of a practitioner, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery; "dispenser" means a practitioner who dispenses.*

- a. **YES**, I plan to directly dispense and acknowledge I must report daily per AS 17.30.200 and 12 AAC 52.865.
- b. **NO**, I do not plan to directly dispense and acknowledge that if I begin directly dispensing, I must report daily. (If you are not directly dispensing, the reporting criteria do not apply to you.)

## PART XI Opioid Education

- I have earned at least two hours of education in pain management, opioid use, and addiction; the course is AMA category 1, or AOA category 1 or 2, or CPME-approved. I will provide a Certificate of Completion that confirms at least two hours of credit covering all three areas of the required subject matter: pain management, opioid use, addiction.
- I request a waiver of the requirement for two hours of education in pain management, opioid use, and addiction until I apply for a DEA registration number.

## PART XII Impaired Practitioner Affidavit

*Per AS.08.36.370(3), an "impaired practitioner" is defined as an individual 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.*

- I affirm to the Alaska Board of Dental Examiners, through this affidavit, that I am not an impaired practitioner. I understand that any false or misleading information may result in the denial, suspension, or revocation of the license for which I have applied, or for any Alaska dental license that I now hold.

## PART XIII Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an **explanation and documentation**. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

The contents of licensing files are generally considered 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.

### When in doubt, disclose and explain.

- |  |  |
|--|--|
| 1. Have you ever practiced dentistry illegally?  | <input type="checkbox"/> Yes <input type="checkbox"/> 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?   | <input type="checkbox"/> Yes <input type="checkbox"/> 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. | <input type="checkbox"/> Yes <input type="checkbox"/> 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?  | <input type="checkbox"/> Yes <input type="checkbox"/> 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?   | <input type="checkbox"/> Yes <input type="checkbox"/> 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?   | <input type="checkbox"/> Yes <input type="checkbox"/> 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?  | <input type="checkbox"/> Yes <input type="checkbox"/> 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?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

"Yes" Answers

If you answered "yes" to questions 7 or 8, in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice dentistry. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.



THE STATE of ALASKA

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

DEN

FOR DIVISION USE ONLY

Board of Dental Examiners

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfDentalExaminers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers

Notary Signature Page

PART XIV Notarized Signature

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).

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further 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.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Table with 4 columns: Notary Stamp, Applicant Printed Name, Applicant Signature, Notary Public for State of, Subscribed and Sworn to Before me on this Day, Notary Signature, My Commission Expires.



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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 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 any and 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 that 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, psychological, drug, or alcohol evaluation, counseling, 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 treatment, including all information previously identified, collected, or stored under the authority of any state or federal law, including 42 CFR Part 2.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or 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 the application (initial, renewal, reactivation) for issuance of a dental license.

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 and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

<b>Name:</b>	First	Middle	Last
<b>Full Address:</b>	P.O. Box or Street	City	State Zip
<b>Phone:</b>		<b>Date of Birth:</b>	
<b>Email:</b>			
<b>Signature:</b>		<b>Date Signed:</b>	



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## Verification of DEA Registration Status

➔ **Applicant:** Please complete this top section, then mail to the Drug Enforcement Administration (DEA):  
DEA Diversion, Registration  
1630 East Tudor Road  
Anchorage, AK 99507

<b>Full Legal Name:</b>				
<b>Other Names Used:</b>				
<b>Date of Birth:</b>		<b>DEA Registration Number:</b>		
<b>Mailing Address:</b>	P.O. Box or Street	City	State	Zip
<b>Address of DEA Registration:</b>	P.O. Box or Street	City	State	Zip
<b>Applicant Signature:</b>			<b>Date Signed:</b>	

➔ **DEA Use Only:** Please search your records and advise if there is any derogatory information on file against this applicant. 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  No

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## Verification of Licensure

→ **Applicant:**

Please complete the identifying information below and forward a copy of this form to all states, territories, or jurisdictions where you currently are or have ever been licensed. *Make additional copies of this form, as needed.*

<b>Applicant Name:</b>		<b>Date of Birth:</b>	
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Applicant Signature:</b>		<b>Date Signed:</b>	

→ **Licensing Agency or State Board:**

Please complete this bottom part for the applicant identified above and return the form directly to the Alaska State Board of Dental Examiners at the letterhead address.

<b>Licensee Name:</b> (As Shown in Your Records)		<b>State or Jurisdiction:</b>	
<b>License Number:</b>		<b>License Type:</b>	
<b>License Status:</b>	<input type="checkbox"/> Current <input type="checkbox"/> Inactive <input type="checkbox"/> Other (Please Specify): _____		
<b>Original Issue Date:</b>		<b>Expiration Date:</b>	

- Has this applicant ever been the subject of an investigation by a licensing or disciplinary authority in your state or jurisdiction?  Yes  No
- Have formal disciplinary proceedings been initiated against this applicant or the applicant's license by a licensing or disciplinary authority in your state or jurisdiction?  Yes  No
- Has this applicant's license ever been suspended, revoked, disciplined, restricted, warned, placed on probation, or in any other manner limited by a licensing or disciplinary authority in your state?  Yes  No
- Is any such investigation or action pending?  Yes  No
- Are you aware of any derogatory information regarding this applicant?  Yes  No

"Yes" Answers

If you answered "yes" to any question above, please attach a detailed explanation or documentation signed and dated by the person whose signature appears below.

Board Seal	<b>Signature:</b>		<b>Date Signed:</b>	
	<b>Printed Name:</b>		<b>Title:</b>	
	<b>Email:</b>		<b>Phone:</b>	





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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. Submit all relevant documentation with this form, even if you have previously provided it.

- **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, decisions against your professional certification, 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 if you check “yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **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 according to state law.



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

<b>Location of Incident:</b>		<b>Date of Incident:</b>	
<b>Explanation of Incident:</b> When in doubt, disclose and explain. <i>Make copies as necessary.</i>			

**Did you attach all applicable documents associated with this incident?**

- Court Orders     
  Consent Agreements     
  Disciplinary 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.

<b>Full Name:</b>		<b>Program:</b>	
<b>Signature:</b>		<b>Date Signed:</b>	



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## 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: \_\_\_\_\_

Profession Type (e.g., Acupuncture): \_\_\_\_\_

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 (fine, exam, etc.): \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

08-4438

Rev 12/06/2022

Credit Card Payment Form (all major cards accepted)

<b>CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!</b>	
1. Credit Card Number: _____	All 3 fields <b>MUST</b> be completed!  This section will be destroyed after the payment is processed.
2. Expiration Date: _____	
3. Security Code: _____	