



Board of Dental Examiners

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfDentalExaminers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers

Dental Hygienist Advanced Practice Permit Application Instructions

The board may issue an advanced practice permit to a dental hygienist with an Alaska license in good standing under AS 08.32 and who has a minimum of 4,000 documented hours of clinical experience. The permit is subject to all the requirements of AS 08.32.125 and this section. An advanced practice permit expires on February 28 of odd-numbered years and must be renewed to remain active, same as the dental hygienist license.

A licensed dental hygienist holding an advanced practice permit may provide the following services:

- Promote oral health and provide disease prevention education and oral systemic health education;
- Remove calcareous deposits, accretions, and stains from the surfaces of the teeth beginning at the epithelial attachment by scaling and polishing techniques;
- Apply topical preventive or prophylactic agents, including silver diamine fluoride, fluoride varnishes, and pit and fissure sealants;
- Remove marginal overhangs;
- Perform preliminary charting and triage to formulate a dental hygiene assessment and dental hygiene treatment plan;
- Expose and develop radiographs;
- Use local periodontal therapeutic agents;
- Perform nonsurgical periodontal therapy;
- Screen for oral cancer;
- If certified by the board, administer local anesthetic agents (this is a certificate that must be applied for separate from an advanced practice permit);
- Prescribe:
 - Fluoride that is applied or provided to a patient; and
 - Chlorhexidine or a similar antibacterial rinse; and
- Delegate dental operations and services to a dental assistant as provided in AS 08.36.346.

A licensed dental hygienist holding an advanced practice permit may only provide the services listed above to a patient who is unable to access dental treatment because of age, infirmity, or disability and is:

- A resident in a senior center, including a hospital, long-term care facility, adult foster home, residential care facility, or adult congregate living facility;
- A resident in a health care facility, including a mental health residential program or facility for individuals with developmental or other disabilities;
- Held in a local correctional facility for juveniles or adults;
- Enrolled in a nursery school, day care program, vocational training facility, primary school, secondary school, private school, or public charter school;
- Entitled to benefits under 42 U.S.C. 1786 (Special Supplemental Nutrition Program for Women, Infants, and Children);
- Homebound; or
- A resident of a dental health professional shortage area designated under 42 U.S.C. 254e.

A licensed dental hygienist holding an advanced practice permit may provide the services (listed above) to a patient (described above) without the physical presence, authorization, or supervision of a licensed dentist and without a licensed dentist's examination of the patient.

The dental hygienist must:

- Maintain professional liability insurance;
- Provide the patient (or the patient's parent or legal guardian) with:
 - A written notice that the treatment provided will be limited to the services listed above;
 - A written recommendation that the patient be examined by a licensed dentist for comprehensive oral health care services; and

- Assistance in obtaining a referral to a licensed dentist for further dental planning and treatment, including a written description of methods for obtaining a referral and a list of licensed dentists in the patient’s community or other resources for finding a dentist;
- Maintain dental charts and other records when treating the dental hygienist’s own patients of record and notify the board of the location where these records are to be secured;
- Maintain a current, valid mailing address on file with the board at all times;
- Refer patients who have been assessed by the dental hygienist to a licensed dentist for treatment or planning that’s outside the dental hygienist’s advanced practice permit scope of practice; and
- Document in the patient’s chart the name of the licensed dentist to whom the patient is referred.

The following must be received by the division before your application for Dental Hygienist Advanced Practice Permit can be reviewed by the board:

1. APPLICATION

A signed, completed application (#08-4860).

2. FEES

Fees made payable to “State of Alaska.”

Nonrefundable Application Fee:	\$100.00
Advanced Practice Permit Fee:	\$200.00
<hr/>	
Total Fees Due:	\$300.00

3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4860a).

4. AFFIDAVIT OF CLINICAL EXPERIENCE

An Affidavit of Clinical Experience form (#08-4860b) confirming the applicant has a minimum of 4,000 documented hours of clinical experience during the five years preceding the date of application.

5. CPR CERTIFICATION

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

6. PROFESSIONAL LIABILITY INSURANCE POLICY OR DECLARATION

A copy of the applicant’s current professional liability insurance policy or a Declaration of Professional Liability Insurance form (#08-4860c) that includes the policy number and expiration date of the policy.

7. PROOF OF CONTINUING EDUCATION

Certificates confirming successful completion of at least four (4) hours of continuing education course work covering one or more of the following subject areas:

- Medical emergencies;
- Pediatric and other special health care needs;
- Pharmacology;
- Oral pathology;
- Public health, or other eleemosynary facility, relating to, or supporting charity;
- Patient management; and/or
- General medicine and physical diagnosis.

General Information

APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued and sent to you. 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 a permit application 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 or permit 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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Dental Hygienist Advanced Practice Permit Application

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee	\$100.00
	<input type="checkbox"/> Advanced Practice Permit Fee	\$200.00

PART II Personal Information

Full Legal Name:				Dental Hygienist License Number:	
<p>Provide all other names used (maiden, nicknames, aliases). 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>					
Mailing Address:	P.O. Box or Street	City	State	Zip	
Contact Phone:				Date of Birth:	
<p>EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.</p>					
Email Address:				Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<p>Note: If both boxes are selected above, you will receive correspondence electronically.</p>					
<p>SOCIAL SECURITY NUMBER: 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 III Hygiene Practice Facility Information

Name of Hygiene Practice Facility or Business:				
Facility or Business Address:	Street	City	State	Zip

PART IV Certifications

- I certify that I have a minimum of 4,000 documented hours of clinical experience during the five (5) years immediately preceding the date of this application; and that I must submit the Affidavit of Clinical Experience form as part of my application packet.
- I certify that I hold a current certification in cardiopulmonary resuscitation (CPR) techniques that is based upon training equivalent to that required for completion of CPR course certified by the American Health Association or American Red Cross; that I understand online courses are not acceptable unless there is a hands-on component; and that I must provide a copy of my CPR certificate (or equivalent) as part of my application packet.
- I certify that I hold the requirement professional liability insurance; and that I understand I must provide a copy of the policy or the Declaration of Professional Liability Insurance form – including the policy number and expiration date of the policy – as part of my application packet.
- I certify that I've obtained at least four (4) hours of continuing education course work as required under 12 AAC 28.936(e); and that I understand I must provide copies of the certificates or equivalent documentation to verify my successful completion of those hours.
- I certify that I understand that I must follow all Alaska dental license laws.
- I certify that I have read and understood Alaska's advanced practice permit laws: AS 08.32.125 and 12 AAC 28.936.

PART V 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 dental hygiene illegally? Yes 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? Yes 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. Yes 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? Yes No

PART V Professional Fitness Questions (continued)

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? Yes 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? Yes 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? Yes 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? Yes 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. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.



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Notary Signature Page

PART VI Notarized Signature

I acknowledge and understand that a licensed dental hygienist in Alaska shall adhere to the ethical standards for dental hygienists 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 08.32.160.

By signature below, I certify that if I am granted an advanced practice permit in the State of Alaska as a dental hygienist, I will adhere to the "Code of Ethics for Dental Hygienists," as set out in the American Dental Hygienists' Association document titled Bylaws – Code of Ethics, dated June 23, 2014, adopted by reference as the ethical standards for dental hygienists and applies to all dental hygienists in the state (12 AAC 28.905(a)) as well as all Alaska dental laws.

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).

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 Hygienist Advanced Practice Permit.

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.

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



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Affidavit of Clinical Experience

This affidavit must be completed by the licensed dental hygienist who wishes to obtain an advanced practice permit to affirm the dental hygienist has a minimum of 4,000 documented hours of clinical experience during the five years preceding the date of application.

List the hours, dates, and location(s) where you obtained your documents hours of clinical experience during the five years immediately preceding the date of your application. Continue on a separate page if necessary.

Applicant Name:	
<input type="checkbox"/> By my signature below, I hereby certify I have been in practice at the following locations during the dates listed.	

Name of Practice:		Phone Number:	
Address:	Street	City	State Zip
Clinical Experience Start Date:		Clinical Experience End Date:	
Documented Hours of Clinical Experience:			

Name of Practice:		Phone Number:	
Address:	Street	City	State Zip
Clinical Experience Start Date:		Clinical Experience End Date:	
Documented Hours of Clinical Experience:			

Name of Practice:		Phone Number:	
Address:	Street	City	State Zip
Clinical Experience Start Date:		Clinical Experience End Date:	
Documented Hours of Clinical Experience:			

Total Number of Documented Hours of Clinical Experience in the Five (5) Years Immediately Preceding the Date of Application for an Advanced Practice Permit:	
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Notarized Signature

By my signature below, I further certify that I have a minimum of 4,000 documented hours of clinical experience during the five years immediately preceding the date of my application as required under AS 08.32.125.

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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Advanced Practice Permit Professional Liability Policy Declaration

A copy of a dental hygienist's professional liability insurance policy required per 12 AAC 28.936(a)(5). You may submit a copy of your policy (that includes your policy number and expiration date) or complete this form and submit to the board.

12 AAC 28.936. ADVANCED PRACTICE PERMITS. (a)(5) A copy of the applicant's current professional liability policy or declaration page that includes the policy number and expiration date.

Dental Hygienist Name:			
Insurance Carrier Name:			
Liability Insurance Policy Number:		Policy Expiration Date:	
Dental Hygienist Printed Name:		Dental Hygienist License Number:	
Dental Hygienist Signature:		Date Signed:	



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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.

Location of Incident:		Date of Incident:	
Explanation of Incident:			
When in doubt, disclose and explain. Make copies as necessary.			

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.

Full Name:		PL Code:	
Signature:		Date:	

You must submit one form for each “Yes” answer. Make copies of this form as necessary.



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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)

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

1. Credit Card Number: _____

2. Expiration Date: _____

3. Security Code: _____

All 3 fields MUST be completed!

This section will be destroyed after the payment is processed.