

FOR KBD USE ONLY



# Kentucky Board of Dentistry

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## APPLICATION FOR SPECIALTY DENTAL LICENSURE

Pursuant to [201 KAR 8:533](#), dentists with the appropriate training may apply for specialty licensure. Please print in ink or type your responses, using your name as it appears on your existing license. Return this completed and notarized application, supporting documents, and application fee of \$100 (check or money order made out to the Kentucky Board of Dentistry) to the address above.

Name: Last/Suffix \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

License # \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Applying for Specialty in (select one):      Orthodontics      Endodontics      Oral & Maxillofacial Surgery      Pediatric Dentistry

Prosthodontics      Periodontics      Other \_\_\_\_\_ *(All NCRDSCB [recognized specialties](#) accepted)*

Identify the successful completion of any CODA accredited graduate or postgraduate specialty programs below. Documentation of program completion should accompany this application.

School/Program	Location	Degree	Dates Attended
_____	_____	_____	_____
_____	_____	_____	_____

### Notarized affidavit to be signed in the presence of a notary

I, the undersigned, hereby certify under penalty of law that I am the person referred to in this application, that the attached photograph is of myself, and that the information provided herein is accurate and complete to the best of my knowledge. I authorize the Kentucky Board of Dentistry or its agents to obtain from other sources any information necessary to confirm my qualifications. I understand that the submission of false or fraudulent information as part of this application is grounds for disciplinary and/or legal action. I further attest that I understand and agree to abide by the statutes, rules, and regulations governing specialty dentistry in Kentucky.

*Attach a head and shoulders photograph taken within the past six months.*

*No hats, please.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ For Use by Notary Public \_\_\_\_\_

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

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature \_\_\_\_\_ Commission Expires \_\_\_\_\_

Notary Seal