

Fee	Date
Transcript	Jurisprudence
NB	Clinical
Bkgrnd	NPDB
HIV/AIDS	CPR
Verifications	
License number	
Date of Issue	

FOR KBD USE ONLY

Kentucky Board of Dentistry



312 Whittington Parkway, Suite 101
 Louisville, KY 40222
 502/429-7280
<http://dentistry.ky.gov>

APPLICATION FOR DENTAL LICENSURE

Please print in ink or type your responses. List your name as you want it to appear on your license.

Name _____
Last/Suffix First Middle

Former Name(s) _____ SSN _____

Place of Birth _____ Date of Birth _____ Gender (M/F) _____
mm/dd/yyyy

Citizen of _____ If naturalized U.S. citizen, give date and place _____

Home address _____
Number & Street PO Boxes Not Acceptable

City State ZIP KY County Phone #

Intended business address _____
Business Name Number & Street PO Boxes Not Acceptable

City State ZIP KY County Phone #

Preferred mailing address Home Business Other _____

Email address _____ Cell phone number _____

Applying for Full licensure by exam Full licensure by credentials Student limited licensure Faculty limited licensure

Name of clinical exam _____ Date of exam _____ Location of exam _____

DEA Permit Number _____

Dental Education

Name of School	Location	# of Years	Degree	Dates Attended
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other State Licenses

List **all states** in which you have held or presently hold a dental license. Attach an additional sheet if necessary.

State	License #	State	License #
_____	_____	_____	_____
_____	_____	_____	_____

