Fee	Date
Education	
Date Approved	

FOR KBD USE ONLY

Rev. July 2010

Kentucky Board of Dentistry

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

APPLICATION FOR INTRAVENOUS ACCESS LINE REGISTRATION

Please print in ink or type your responses. List your name as it appears on your license or registration.

Name _____
Last/Suffix First Middle

_____ Type: ☐ Dental hygienist
License/Registration Number ☐ Registered dental assistant

Current mailing address _____
Number & Street **PO Boxes Not Acceptable**

_____
City State ZIP KY County Phone #

Intravenous Access Line Coursework

Have you completed a board approved training and education course in starting intravenous access lines? ..... Yes No

If "yes," please attach a copy of your course completion certificate to this form.
If "no," your application will not be processed until you provide proof of successful completion of this course.

If you answer YES to any of questions 1-6, please attach a full written explanation.

1. Has any license or registration held by you had any type of disciplinary action taken against it by any state board or government agency? ..... Yes No
2. Are there any disciplinary actions pending against your license or registration by any state board or government agency? ..... Yes No
3. Has a license or registration ever been denied to you by any state? ..... Yes No
4. Have you ever voluntarily surrendered your license or registration while under investigation in any state? ..... Yes No
5. Have you ever been convicted of a misdemeanor or felony? ..... Yes No
6. Have you ever been sued for malpractice or professional negligence? ..... Yes No

Attestation to be completed by the dental hygienist

I attest that I, the undersigned, have completed this form and that the information contained herein is true and accurate to the best of my knowledge and belief. I agree not to start intravenous (IV) access lines until such time as I receive a registration to start IV access lines from the board. In the event that I receive this registration, I agree to adhere to and abide by all of the statutes, rules, and regulations governing the starting of IV access lines by dental hygienists or registred dental assistants in Kentucky.

_____ _____
Signature of dental hygienist or registered dental assistant Date

RETURN YOUR COMPLETED APPLICATION, NON-REFUNDABLE FEE, AND OTHER REQUIRED INFORMATION TO THE BOARD AT THE ADDRESS ABOVE.