

Fee	Date
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 TO REINSTATE A DENTAL LICENSE

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

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 Reinstatement of licensure

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

DEA Permit Number _____ **FORMER KY LICENSE NUMBER** _____

FORMER KY SPECIALTY NUMBER _____ **FORMER KY ANESTHESIA PERMIT NUMBER** _____

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 #
_____	_____	_____	_____
_____	_____	_____	_____

Practice History

Give **all** places of practice since graduation, listing most recent first. Attach an additional sheet if necessary.

Business Name	Address	Dates
_____	_____	_____
_____	_____	_____

If you answer YES to any of questions 1-8 or 10, please attach a full written explanation.

- 1. Has any dental license 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 by any state board or government agency? Yes No
- 3. Has a dental license ever been denied to you by any state? Yes No
- 4. Have you ever voluntarily surrendered your license while under investigation in any state? Yes No
- 5. Have you been suspended, sanctioned, or restricted in any way from participating in any insurance program (including Medicare or Medicaid)? Yes No
- 6. Has your DEA permit ever been limited or relinquished? Yes No
- 7. Have you ever been convicted of a misdemeanor or felony? Yes No
- 8. Have you ever been sued for malpractice or professional negligence? Yes No
- 9. Do you currently have an obligation in a financial aid program administered by the Kentucky Higher Education Assistance Authority (KHEAA)? Yes No
- 10. If yes to #9, are you in default of the repayment obligation, per KRS 164.772? Yes No

Affadavit to be Completed Before a Notary

I, _____, being duly sworn state that I am the person referred to in the foregoing application and that the photograph attached hereto is of myself and that the statements made herein are true, accurate, and complete to the best of my knowledge and belief. I certify that I have not, am not, and shall not practice, be classified, or hold myself out as being able to practice dentistry in Kentucky until authorization to do so has been granted by the Kentucky Board of Dentistry. In the event that I am licensed by the Kentucky Board of Dentistry, I hereby agree to adhere to and abide by all the statutes, rules, and regulations governing the practice of dentistry in Kentucky.

I understand that, under Kentucky Law, the submission of any false, fraudulent, or forged statement, document, or other matter in connection with this application is grounds for criminal prosecution and denial of licensure. I authorize the Board or its agents to obtain from other sources any information, files, or records necessary for determining my qualifications for licensure.



Signature of Applicant

State of _____)

County of _____) ss

Signed and sworn to before me this
_____ day of _____, 20_____.

Signature _____
Notary Public

My commission expires _____

Return your application, non-refundable fee, and other required information to:

Kentucky Board of Dentistry
312 Whittington Parkway, Suite 101
Louisville, KY 40222