

Fee	Date
GS Course	Employment
Date Approved	

FOR KBD USE ONLY

Kentucky Board of Dentistry



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

GENERAL SUPERVISION REGISTRATION APPLICATION

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

Name _____
Last/Suffix First Middle

Kentucky license number _____

Applying for general supervision registration under the following supervising dentist:

Name KY license number

Practice location _____
Business Name Number & Street PO Boxes Not Acceptable

City State ZIP KY County Phone #

Practice Experience

Please list employment as a dental hygienist that includes a minimum of two (2) years and three thousand (3,000) hours of experience. You must retain at your worksite documentation that verifies the dates and hours listed below.

Employer	Location	# of Hours	Dates Worked
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attestation to be completed by the supervising dentist

As the supervising dentist, I have evaluated the above named dental hygienist's skills and I have made a determination that this dental hygienist is competent to treat patients when the dentist is not physically present.

Signature of supervising dentist Date

**APPLICATION CONTINUES ON REVERSE.
 AN INCOMPLETE APPLICATION WILL CAUSE SIGNIFICANT DELAYS TO PROCESSING.**

