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FOR KBD USE ONLY

# Kentucky Board of Dentistry



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

## NOTIFICATION OF INTENT TO CONTRACT FOR CONTINUATION OF PRACTICE FOR INCAPACITATED OR DECEASED DENTIST

*KRS 313.060 - Prior to contracting with another dentist or dentists to continue operations of a deceased or incapacitated dentist's practice, the executor, administrator, guardian, or authorized representative shall file a notification of intent to contract for continuation of practice with the board on a form prescribed by the board. The notification shall include the following information:*

Deceased Dentist       Incapacitated Dentist

Dentist's Name \_\_\_\_\_ License Number \_\_\_\_\_

Dental Practice Name \_\_\_\_\_

Dental Practice Address \_\_\_\_\_  
Number & Street

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone # \_\_\_\_\_

Estate's Name \_\_\_\_\_

Estate's Address \_\_\_\_\_  
Number & Street

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone # \_\_\_\_\_

Estate's Tax Identification Number \_\_\_\_\_

**Please complete the information below for the dentist(s) that will be providing services at the practice location:**

Dentist's Name \_\_\_\_\_ License Number \_\_\_\_\_

Dentist's Name \_\_\_\_\_ License Number \_\_\_\_\_

Dentist's Name \_\_\_\_\_ License Number \_\_\_\_\_

**Statement of Affirmation:**

I understand, under penalty of perjury, that the information provided is true and correct and that the executor, administrator, guardian, or authorized representative understands that any interference by the executor, administrator, guardian, or authorized representative, or any agent or assignee of the executor, administrator, guardian, or authorized representative, with the contracting dentist's or dentists' practice of dentistry or professional judgment or any other violation of this chapter is grounds for an immediate termination of the operations of the dental practice.

\_\_\_\_\_  
*Signature executor, administrator, guardian, or authorized representative*

\_\_\_\_\_  
*Date*

USPS Mail Documents:  
 Kentucky Board of Dentistry  
 312 Whittington Pkwy, Suite 101  
 Louisville, Ky 40222

Fax Documents:  
 (502) 429-7282  
 "Attn: General Counsel"

Email Documents:  
 kbd@ky.gov