

Approved by

FOR KBD USE ONLY

# Kentucky Board of Dentistry



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<http://dentistry.ky.gov>

## RETIREMENT OF LICENSE FORM

I hereby submit to the Kentucky Board of Dentistry official notice of my intent to retire my license. I understand that my license shall not be retired if there is pending disciplinary action against it. Furthermore, I understand that if I intend to reinstate my license in Kentucky, I must meet the requirements as set forth in statute and regulation.

I understand that the Board shall send written confirmation of the retirement of my license to the address listed at the bottom of this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
License Number

Dentist

Dental hygienist

\_\_\_\_\_  
Street & Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP