

Approved by

FOR KBD USE ONLY

Kentucky Board of Dentistry



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STATEMENT REGARDING STUDENT LICENSURE LIMITATIONS

I understand that upon receipt of a student limited license issued by the Kentucky Board of Dentistry, I am authorized to practice dentistry only in conjunction with programs of the dental school where I am a student, and that I may only provide professional services to patients of these programs.

I further acknowledge that I am solely responsible for all of the requirements for renewal of my student limited license as set out in statute and regulation.

Signed: _____

Name of program in which I am enrolled: _____

Expected date of completion in program: _____

Current date: _____