

Approved by

FOR KBD USE ONLY

Kentucky Board of Dentistry



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

VERIFICATION OF LICENSURE OR REGISTRATION FORM

Please verify the licensure or registration of:

Last Name/Suffix	First Name	Middle
License/Registration Number	Type: <input type="checkbox"/> Dentist <input type="checkbox"/> Dental hygienist <input type="checkbox"/> Registered dental assistant	

Please mail official verification to the following address:

Name		
Address		
City	State	ZIP

If there are any problems with this request, please contact me at the following:

Name	Phone Number	
Address		
City	State	ZIP

Return this form and the fee required by 201 KAR 8:520 to the Kentucky Board of Dentistry at the address above.