

**KENTUCKY BOARD OF DENTISTRY
INSTRUCTIONS FOR DENTALHYGIENE LICENSURE REINSTATEMENT**

- Applications are valid for 6 months from the date received in the Board office. If you have not been licensed by this time, you will be required to start the application process over (201 KAR 8:530 Section 15).
- All fees paid to the Kentucky Board of Dentistry are non-refundable (201 KAR 8:520 Section 5) and the fee for any returned check is \$25.00 (201 KAR 8:520 Section 3(6)). ***IT IS NOT NECESSARY TO MAKE SEPARATE CHECKS FOR PAYMENT OF FEES.***
- You cannot obtain a license if you are currently subject to disciplinary action pursuant to KRS Chapter 313 which would prevent licensure.
- Check the status of the application on the website at <http://dentistry.ky.gov/> and click on "STATUS SHEET."

DOCUMENTATION REQUIRED TO COMPLETE YOUR APPLICATION

- ____ 1. Submit a completed and signed "Application to Reinstate a Dental Hygiene License." Use the name under which you wish to be licensed.
- ____ 2. Application fee: Non- Renewal year \$125 or the Renewal year \$75. Starting November 1st of a renewal year the application fee is \$125.
- ____ 3. Provide proof of having current certification in cardiopulmonary resuscitation (CPR) which meets or exceeds the guidelines set forth by the American Heart Association. **Send a copy of the front and back of the card.**
- ____ 4. Submit a criminal background check performed by the Kentucky State Police (KSP) and Federal Bureau of Investigation (F.B.I.). Please visit our website <http://dentistry.ky.gov/Dental-Hygienists/Pages/Initial-Licensure.aspx> to start this process
- ____ 5. Provide verification within three (3) months of the date of application is received at the office of the board any license to practice dental hygiene held previously or currently in any state or jurisdiction (copy of license not accepted). **These must be sent directly to the Board office from each jurisdiction.**
- ____ 6. National Practitioner Data Bank Report and AADE Clearinghouse Report. This is obtained by an electronic query done by the Board. Applicants must provide a written report for any positive returns on a query.
 - **An additional \$25 fee, payable to the Kentucky Board of Dentistry, is required for this report.**
- ____ 7. If you are reinstating a license that was retired **within the two (2) consecutive years immediately preceding the filing of your reinstatement application**, you must submit proof of completion of the continuing education requirements outlined in 201 KAR 8:560 Section 5 within those two (2) years.
- ____ 8. If you have not actively practiced dental hygiene in the two (2) consecutive years immediately preceding the filing of your reinstatement application, you must complete and pass a refresher course approved by the board.

Make check payable to: KENTUCKY BOARD OF DENTISTRY
Mail application to: 312 WHITTINGTON PARKWAY, SUITE 101
LOUISVILLE KY 40222
PHONE: 502/429-7280