



**BOARD OF DENTISTRY**

312 Whittington Parkway, Suite 101  
Louisville, Kentucky 40222  
<http://dentistry.ky.gov>

**Matthew G. Bevin**  
Governor

**Jeff Allen**  
Executive Director

**2020-2021 Active Duty Military Renewal Affidavit**

Pursuant to KRS 12.355(2), a licensee who is an active duty member of the Armed Forces of the United States shall be renewed without the payment of dues or fees.

**Dental License #:**

**Dentist's Name:**

**Practice Type:**

**DEA Permit Number:**

**Anesthesia Permit:**

**Permit Type:**

**Specialty License #:**

**Specialty Area:**

**Email Address:**

**Business Address:**

\_\_\_\_\_  
Street Address City State Zip Code

**Residential Address:**

\_\_\_\_\_  
Street Address City State Zip Code

**Phone Numbers:**

\_\_\_\_\_  
Residential Business Cell

- I have actively practiced dentistry in the previous two years.
- I have maintained with no more than a thirty (30) day lapse CPR certification which meets or exceeds the American Heart Association guidelines.
- I understand if I have an obligation in a financial aid program administered by the Kentucky Higher Education Assistance Authority I must not be in default of the repayment obligation.
- I acknowledge that I have completed the 30 hours of continuing education requirements including three hours on KASPER, pain management or addiction disorders. (2018 graduates are required to complete 15 hours of continuing education and 2019 graduates are not required to complete continuing education hours in addition to their course work.)
- By signing this, I hereby certify that the information provided on this renewal application is complete and true. I further acknowledge that failure to comply with the requirement for licensure renewal or submission of false information subjects my license to disciplinary action pursuant to KRS 313.100.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date