

FOR KBD USE ONLY



# Kentucky Board of Dentistry

312 Whittington Parkway, Ste. 101, Louisville, KY 40222  
(p) 502-429-7280 | (f) 502-429-7282 | kbd@ky.gov | dentistry.ky.gov

## APPLICATION FOR CHARITABLE LIMITED LICENSURE

Please print in ink or type your responses and return this notarized application, all supporting documents, and \$25 application fee (check or money order made out to Kentucky Board of Dentistry) to the address above. If necessary, attach a separate sheet of paper to fully answer all of the following questions. Applications should be received at least 30 days prior to the charitable event identified below.

Charitable Event: Name \_\_\_\_\_ Sponsor \_\_\_\_\_ Date(s) \_\_\_\_\_

Name: Last/Suffix \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Former Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Citizen of \_\_\_\_\_

SS# \_\_\_\_\_ Home/CellPhone \_\_\_\_\_ BusinessPhone \_\_\_\_\_

Email \_\_\_\_\_ Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Home Address \_\_\_\_\_

Preferred Mailing Address Business Home Gender M F Applying for Dental License Dental Hygiene License

Provide School Name, Location, and Degree Earned for All Dental Education \_\_\_\_\_

Provide State and License No. for All Active Licenses \_\_\_\_\_

Please affirm all TRUE statements below and attach a written explanation for any FALSE statements:

- 1. I have actively practiced dentistry/dental hygiene for at least five of the last six years. True False
- 2. I have never had my license or prescribing authority denied, revoked, restricted or disciplined. True False
- 3. I have have not surrendered or failed to renew a dentist/hygienist license while under investigation. True False
- 4. I have not ever been convicted of a misdemeanor or felony. True False
- 5. I have not been sued for malpractice, professional negligence, or insurance code violations. True False

### Notarized affidavit to be signed in the presence of a notary

I, the undersigned, hereby certify under penalty of law that I am the person referred to in this application, that the attached photograph is of myself, and that the information provided herein is accurate and complete to the best of my knowledge. I further attest that I understand and agree to abide by the statutes, rules, and regulations governing charitable practice in Kentucky as provided for in KRS 313.254 and 201 KAR 8:533, 563 and 581. I will work only with registered charitable entities and do so without expectation of compensation. I will not write prescriptions and will only perform procedures that can be completed in the duration of the charitable event.

*Attach a head and shoulders photograph taken within the past six months.*

*No hats, please.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ For Use by Notary Public \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_,

Notary Seal

Signature \_\_\_\_\_ Commission Expires \_\_\_\_\_