

Date	Juris.	CPR	Verification	NPDB	Backgrnd
Fee	Boards	Clinical	Transcript	License No.	Issue Date

FOR KBD USE ONLY

Form ADHL0124
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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 DENTAL HYGIENE LICENSURE

Please print in ink or type your responses and return this notarized application, all supporting documents, total application fees (check or money order made out to Kentucky Board of Dentistry) of \$150 if applying in an even numbered year or \$100 if an odd numbered year to the address above. If necessary, attach an additional sheet to fully answer all of the following questions.

Name: Last/Suffix _____ First _____ Middle _____

Former Name(s) _____ SS# _____ Gender (M/F) _____

Citizen of _____ If naturalized U.S. citizen, give date and place _____

Date of Birth _____ Place of Birth _____ Preferred Mailing Address _____ Home _____ Business _____

Home Address, City, State, Zip _____

Home/CellPhone _____ Email _____

Intended Business Address (if known) _____

Business Name _____ Business Phone _____

Applying for Licensure by Exam Licensure by Credentials

Clinical Exam Completed _____ Date _____ Location _____

Identify dental hygiene education programs attended below. Documentation of program completion should accompany this application.

School/Program	Location	Degree	Dates Attended
_____	_____	_____	_____
_____	_____	_____	_____

Identify all states or other licensing jurisdictions where you have held or currently hold a dental hygiene license.

State	License #	State	License #
_____	_____	_____	_____
_____	_____	_____	_____

Identify all places of practice since graduation, beginning with the most recent.

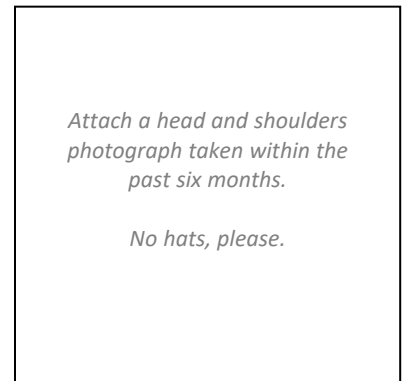
Business Name & Address	Dates
_____	_____
_____	_____
_____	_____

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

- | | | |
|---|------|-------|
| 1. I am a graduate of a CODA accredited dental hygiene program. | True | False |
| 2. I understand, read, speak, and write English with a least a ninth grade (Level 4) comprehension. | True | False |
| 3. I have successfully completed the National Board Dental Hygiene Examination. | True | False |
| 4. I have successfully completed a qualifying clinical exam within three attempts. | True | False |
| 5. I have never had a dental hygiene license denied, revoked, restricted or disciplined. | True | False |
| 6. I have never been suspended, sanctioned, or restricted from a private or public insurance program. | True | False |
| 7. I have not surrendered or failed to renew a dental hygiene license while under investigation. | True | False |
| 8. I do not have disciplinary action pending against a dental hygiene license. | True | False |
| 9. I have never been convicted of a misdemeanor or felony. | True | False |
| 10. I have not been sued for malpractice, negligence, or professional misconduct. | 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 authorize the Kentucky Board of Dentistry or its agents to obtain from other sources any information necessary to confirm my qualifications. I understand that the submission of false or fraudulent information as part of this application is grounds for disciplinary and/or legal action. I further attest that I understand and agree to abide by the statutes and regulations governing dentistry and dental hygiene in Kentucky as codified in KRS 313 and 201 KAR 8.



Applicant Signature _____ Date _____

_____ For Use by Notary Public _____

State of _____ County of _____

Signed and sworn before me this _____ day of _____, _____

Signature _____ Commission Expires _____

Notary Seal