

FOR KBD USE ONLY



Kentucky Board of Dentistry

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APPLICATION FOR DENTAL HYGIENE SPECIAL REGISTRATIONS

Pursuant to [201 KAR 8:563](#), dental hygienists with the appropriate training may apply for special registration privileges. Please print in ink or type your responses, using your name as it appears on your license. Return this application, all supporting documents, and an application fee of \$50 for each registration applied for to the address above.

Name: Last/Suffix _____ First _____ Middle _____

License # _____ Phone _____ Email _____

Mailing Address _____ City, State, Zip _____

Indicate which registration(s) you are applying for below and submit the requested information with this application:

Laser Debridement

- Submit documentation of successful completion of a board-approved course in performing laser debridement.

Intravenous Access Lines

- Submit documentation of successful completion of a board-approved course in starting IV access lines.

Local Anesthesia

- Submit documentation of successful completion of at least 44 hours of local anesthesia training from a CODA-accredited dental or dental hygiene school.

General Supervision

- Submit documentation (e.g. payroll records, employment verification, etc.) of the dates and hours of employment by a dentist in the practice of dental hygiene that demonstrate the required two years and 3,000 hours of experience.
- Submit documentation of completing at least three hours of board-approved medical emergencies training in the last two years.
- Obtain the supervising dentist's signature on the attestation below:

As the supervising dentist, I have evaluated the above named dental hygienist's skills and have determined that they are competent to treat patients when the dentist is not physically present.

Dentist Name _____ License # _____

Dentist Signature _____ Date _____

Public Health

- Submit documentation (e.g. payroll records, employment verification, etc.) of the dates and hours of employment by a dentist in the practice of dental hygiene that demonstrate the required two years and 3,000 hours of experience.
- Submit documentation of completing at least three hours of board-approved medical emergencies training in the last two years.

I hereby attest that the above facts are true and that I meet the minimum qualifications for the registration(s) that I am seeking. I also agree to abide by any current and future rules and regulations set by the Kentucky Board of Dentistry.

Applicant's Signature _____ Date _____