

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 DENTAL LABORATORY REGISTRATION

In accordance with [201 KAR 8:016](#), any dental lab doing business in Kentucky must be registered with the Board of Dentistry. Please print in ink or type your responses. Return this completed application, a copy of the technician's CDT card (if applicable), and an application fee of \$150 (check or money order made out to Kentucky Board of Dentistry) to the address above.

Laboratory Name _____

Phone _____ Email _____

Mailing Address _____

Physical Address _____

A registered dental laboratory must operate under the supervision of a dentist or certified dental technician. Please indicate at least one of the following:

Certified Dental Technician Name _____ CDT # _____ (attach copy of card)

OR

Supervising Dentist Name _____ License # _____

As per, [201 KAR 8:016](#), Section 6, the supervising CDT or dentist shall confirm the following:

This laboratory shall meet all applicable OSHA and CDC infectious disease control requirements.

This laboratory shall disclose to the prescribing dentist the USDA registration number(s) of all patient contact materials in the restoration so that they may be included in the patient record.

This laboratory shall disclose to the prescribing dentist the point of origin of the manufacture of the restoration, including identifying the portion(s) manufactured by a third-party provider and the name, city, state, and country of the provider.

I, the undersigned, hereby certify under penalty of law that I am the person referred to in this application 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 evidence necessary to confirm the qualifications of this dental laboratory. I acknowledge 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, rules, and regulations governing dental laboratories in Kentucky.

Applicant's Signature _____ Date _____