



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 _____ # _____

Home/Cell Phone _____ Business Phone _____

Email _____ Business Name _____

Business Address _____

Home Address _____

Preferred Mailing Address _____ Home _____ 8 _____ U _____ 7 _____ Applying for Dent Dental Hygiene

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 without expectation of compensation @will not prescribe 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 _____