

FOR KBD USE ONLY



# Kentucky Board of Dentistry

312 Whittington Parkway, Ste. 101, Louisville, KY 40222  
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## APPLICATION FOR SEDATION OR ANESTHESIA PERMIT

In accordance with [201 KAR 8:550](#), a dentist must have a permit to administer anything stronger than minimal sedation. Please print in ink or type your responses, using your name as it appears on your dental license. Return this notarized application, all supporting documents, and \$250 application fee (check or money order made out to Kentucky Board of Dentistry) to the address above.

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

License # \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ KY County \_\_\_\_\_

Permit(s) applying for:	Moderate Sedation (pediatric)	Deep Sedation/General Anesthesia (pediatric)
	Moderate Sedation (adult)	Deep Sedation/General Anesthesia (adult)

Please identify the sedation training that meets the minimum qualifications established in Sections 5 and 6 of [201 KAR 8:550](#) for the permit(s) you are seeking and accompany this application with a resume and other supporting materials that document this training.

<i>Qualifying Program(s)</i>	<i>Location</i>	<i>Dates Attended</i>
_____	_____	_____
_____	_____	_____

### 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 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 my qualifications. 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 sedation dentistry in Kentucky.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

Notary Seal

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

