

Fee	Date
Inspected by	
Certificate number	
Date Issued	

FOR KBD USE ONLY

Kentucky Board of Dentistry



312 Whittington Parkway, Suite 101
 Louisville, KY 40222
 502/429-7280
<http://dentistry.ky.gov>

APPLICATION FOR SEDATION OR ANESTHESIA FACILITY CERTIFICATE

Please print in ink or type your responses. List your name as it appears on your license.

Section 1. Must be completed by ALL applicants.

Owner Operator Name _____
Last/Suffix First Middle

License Number of Dentist _____ (if applicable)

Facility address _____
Business Name Number & Street PO Boxes Not Acceptable

City State ZIP KY County Phone #

- Applying for
- Minimal Pediatric Sedation Facility Certificate
 - Moderate Enteral Sedation Permit Facility Certificate
 - Moderate Parenteral Sedation Permit Facility Certificate
 - Moderate Pediatric Sedation Permit Facility Certificate
 - Deep Sedation or General Anesthesia Permit Facility Certificate

Section 2. Applicants MUST Submit Proof of having met the Requirements of: (To be completed by the inspector on the date of inspection. Please call the Kentucky Board of Dentistry to schedule an inspection.)

201 KAR 8:550 Section 13.

Signature of the Inspector: _____ **Date:** _____

Section 3. Fee for Application for Sedation or Anesthesia Facility Certificate

You must submit a check or money order made out to the Kentucky Board of Dentistry for the amount of \$250.00

Section 4. Affidavit. Must be completed by ALL applicants.

I hereby certify that the above facts are true and I agree to abide by the rules and regulations set by the Kentucky Board of Dentistry including any future amendments to said rules and regulations.

State of _____ Applicant's signature _____
 County of _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary public signature My commission expires on

RETURN YOUR COMPLETED APPLICATION, NON-REFUNDABLE FEE, AND SUPPORTING DOCUMENTATIONS TO THE ADDRESS ABOVE.