

Fee	Date
Approved by	
Permit 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 PERMIT

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.

Dentist's Name _____
Last/Suffix First Middle

License Number _____

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

City State ZIP KY County Phone #

- Applying for
- Minimal Pediatric Sedation Permit 201 KAR 8:550 Section 5
 - Moderate Enteral Sedation Permit 201 KAR 8:550 Section 6
 - Moderate Parenteral Sedation Permit 201 KAR 8:550 Section 7
 - Moderate Pediatric Sedation Permit 201 KAR 8:550 Section 8
 - Deep Sedation or General Anesthesia Permit 201 KAR 8:550 Section 9

A short resume showing evidence of your qualifications must accompany this application with a detailed listing of all dental, professional, and post-doctoral education supporting these qualifications, including dates attended with copies of supporting documents.

Section 2. Applicants MUST Submit Proof of having met the Requirements of:

- Minimal Pediatric Sedation Permit 201 KAR 8:550 Section 5
- Moderate Enteral Sedation Permit 201 KAR 8:550 Section 6
- Moderate Parenteral Sedation Permit 201 KAR 8:550 Section 7
- Moderate Pediatric Sedation Permit 201 KAR 8:550 Section 8
- Deep Sedation or General Anesthesia Permit 201 KAR 8:550 Section 9

Section 3. Fee for Application for Sedation or Anesthesia Permit

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 _____
 County of _____

 Applicant's signature

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.