

NPDB	Fee
Licensed in	
License Number	
Date Issued	

FOR KBD USE ONLY

Kentucky Board of Dentistry

Rev. Mar. 2022



312 Whittington Parkway, Ste. 101
 Louisville, KY 40222
 502-429-7280
dentistry.ky.gov

APPLICATION FOR CHARITABLE DENTAL LIMITED LICENSURE

Please print in ink or type your responses. List your name as you want it to appear on your license. Return this application, any supporting documents, and \$25 application fee (check or money order made out to Kentucky Board of Dentistry) to the address above.

Charitable Event Name _____ Event Date(s) _____

Sponsor Organization _____ Today's Date _____ (Must be at least 30 days prior to event date)

Name _____
Last/Suffix First Middle

Former Name(s) _____ SSN _____

Place of Birth _____ Date of Birth _____ Gender (M/F) _____
mm/dd/yyyy

Citizen of _____ If naturalized U.S. citizen, give date and place _____

Home Address _____
Number & Street (No P.O. Boxes))

City _____ State _____ Zip _____ Home/Cell Phone # _____

Business Address _____
Business Name Number & Street (No P.O. Boxes))

City _____ State _____ Zip _____ Office Phone # _____

Preferred Mailing Address Home Business Email Address _____

Dental Education

School	Location	Degree	Dates Attended
_____	_____	_____	_____
_____	_____	_____	_____

Other State Licenses - List all states where you have held or presently hold a dental license. Attach an additional sheet if necessary.

State	License #	State	License #
_____	_____	_____	_____
_____	_____	_____	_____

Practice History - Give all places of practice since graduation, listing most recent first. Attach an additional sheet if necessary.

Business Name	Address	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you answer NO to question 1, please attach a full written explanation.

- 1. Do you understand, read, speak, and write the English language with a comprehension and performance level equal to at least the ninth grade of education, otherwise known as Level 4? Yes No

If you answer YES to any of questions 2-9 or 11, please attach a full written explanation.

- 2. Has any dental license held by you had any type of disciplinary action taken against it by any state board or government agency? Yes No
- 3. Are any disciplinary actions pending against your license by any state board or government agency Yes No
- 4. Has a dental license ever been denied to you by any state? Yes No
- 5. Have you ever voluntarily surrendered your license while under investigation in any state? Yes No
- 6. Have you been suspended, sanctioned, or restricted in any way from participating in any insurance program (including Medicare or Medicaid)? Yes No
- 7. Has your DEA permit ever been limited or relinquished? Yes No
- 8. Have you ever been convicted of a misdemeanor or felony? Yes No
- 9. Have you ever been sued for malpractice or professional negligence? Yes No
- 10. Do you currently have an obligation in a financial aid program administered by the Kentucky Higher Education Assistance Authority (KHEAA)? Yes No
- 11. If yes to #10, are you in default of the repayment obligation, per KRS 164.772? Yes No

Notarized Affidavit - To be completed in the presence of a notary

I, _____, being duly sworn state that I am the person referred to in the foregoing application and that the photograph attached hereto is of myself and that the statements made herein are true, accurate, and complete to the best of my belief. I understand that the submission of any false or fraudulent information in connection with this application is grounds for criminal prosecution and denial of licensure.

By submitting this application to the Kentucky Board of Dentistry, I agree to comply with the standards set in KRS 313.254, 201 KAR 8:532, and 201 KAR 8:581 as they relate to the practice of charitable dentistry. I understand that I may only perform procedures that are typically performed in a single appointment, that the procedures shall be completed within the duration of the charitable event, and that I shall perform them without expectation of compensation. I understand that I shall work only with charitable entities registered with the Kentucky Cabinet for Health and Family Services and that I shall perform dental services for no more than ten days during any given charitable event. I understand that, if issued, my charitable limited license shall be valid for no more than two years, and that upon expiration I must reapply for charitable limited licensure if I intend to continue charitable dental work in Kentucky.

Attach a head and shoulders photograph taken within the past six months.

No hats, please.

Applicant's Signature _____

_____ *For Use by Notary Public* _____

State of _____

County of _____

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

Notary Signature _____

My commission expires _____