AFFIDAVIT OF THE ACTIVE PRACTICE OF DENTISTRY

Affidavit to be Completed Before a Notary

I, _________________________________________, being duly sworn state that for five (5) of the six (6) years immediately preceding the filing of this application, I have been engaged in the active practice of dentistry while I was legally authorized to practice dentistry in a state or territory of the United States or the District of Columbia where the qualifications for the authorization were equal to or higher than those of the Commonwealth of Kentucky.

________________________________________
Signature of Applicant

State of ________________________________
County of ______________________________ ss

Signed and sworn to before me this
_______ day of ____________________, 20________.

______________________________
Signature

Notary Public

My commission expires ____________________

Return along with your application to:  
Kentucky Board of Dentistry  
312 Whittington Parkway, Suite 101  
Louisville, KY 40222