Fee	Date
GS Course	Employment
Date Approved	

FOR KBD USE ONLY

Rev. July 2010

Kentucky Board of Dentistry

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

GENERAL SUPERVISION REGISTRATION APPLICATION

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

Name _____
Last/Suffix First Middle

Kentucky license number _____

Applying for general supervision registration under the following supervising dentist:

_____ _____
Name KY license number

Practice location _____
Business Name Number & Street **PO Boxes Not Acceptable**

_____
City State ZIP KY County Phone #

Practice Experience

Please list employment as a dental hygienist that includes a minimum of two (2) years and three thousand (3,000) hours of experience. You must retain at your worksite documentation that verifies the dates and hours listed below.

Employer	Location	# of Hours	Dates Worked

Attestation to be completed by the supervising dentist

As the supervising dentist, I have evaluated the above named dental hygienist's skills and I have made a determination that this dental hygienist is competent to treat patients when the dentist is not physically present.

_____ _____
Signature of supervising dentist Date

APPLICATION CONTINUES ON REVERSE.
AN INCOMPLETE APPLICATION WILL CAUSE SIGNIFICANT DELAYS TO PROCESSING.

Medical Emergency Coursework

In the past two (2) years, have you completed a board approved medical emergencies course as required by 201 KAR 8:560 Section 12(1)(d) ..... Yes No

If "yes," please attach a copy of your course completion certificate to this form.

If "no," your application will not be processed until you provide proof of successful completion of this course.

If you answer YES to any of questions 1-6, please attach a full written explanation.

1. Has any dental hygiene license held by you had any type of disciplinary action taken against it by any state board or government agency? ..... Yes No
2. Are there any disciplinary actions pending against your license by any state board or government agency? ..... Yes No
3. Has a dental hygiene license ever been denied to you by any state? ..... Yes No
4. Have you ever voluntarily surrendered your license while under investigation in any state? ..... Yes No
5. Have you ever been convicted of a misdemeanor or felony? ..... Yes No
6. Have you ever been sued for malpractice or professional negligence? ..... Yes No

Attestation to be completed by the dental hygienist

I attest that I, the undersigned, have completed this form and that the information contained herein is true and accurate to the best of my knowledge and belief. I agree not to practice under general supervision until such time as I receive general supervision registration from the board. In the event that I receive this registration, I agree to adhere to and abide by all of the statutes, rules, and regulations governing the practice of dental hygiene under general supervision in Kentucky.

_____ _____

Signature of dental hygienist Date

Return your application, non-refundable fee, and other required information to:

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