312 Whittington Parkway, Ste. 101, Louisville, KY 40222
(p) 502-429-7280 | (f) 502-429-7282 | kbd@ky.gov | dentistry. ky.gov

INSTRUCTIONS FOR DENTAL LICENSURE AS A FOREIGN TRAINED DENTIST

The Commonwealth of Kentucky confers unrestricted licenses to practice general dentistry via three pathways: completion of an approved clinical exam (Licensure by Examination), qualifying experience within another U.S. licensing jurisdiction (Licensure by Credentials), or a combination of U.S. and foreign education (Licensure as a Foreign Trained Dentist).

This page summarizes the process for Licensure as a Foreign Trained Dentist. See 201 KAR 8:533 for complete licensing rules.

۸	nn	lica	tio	n Ch	اعمد	blic	+
А	ad.	IICa	เเบ	nur	ıecı	KIIS	ıL

	Completed, signed, and notarized Application for Dental Licensure.
	If English is not the applicant's first language, complete the TOEFL with a score of 650 on paper test or 116 on internet test.
	Official final transcript of dental course work with degree posted, received by the Board directly from the school.
	Letter from the program director documenting two years of postgraduate training in a CODA accredited general dentistry program.
	Copy of front and back of CPR, BLS, or ACLS card documenting active certification in cardiopulmonary resuscitation.
	Digital fingerprint scan via <u>IdentoGO Universal Enrollment Platform</u> using service code 27GJYG.
	Completed <u>Jurisprudence Examination</u> .
	Successful completion of the National Board Dental Examination or Integrated National Board Dental Examination.
	Successful completion of the SRTA, DLOSCE, CRDTS, or CDCA-WREB-CITA (ADEX) clinical exam within the last five years.
	Application fee of \$325 if applying in an even numbered year or \$175 if in an odd numbered year.
Applio	cants who completed a CODA- approved residency more than two years preceding the filing of the application must either:
	Hold a dental license in another U.S. licensing jurisdiction or complete a Board-approved refresher program.
Applio	cants who have held a dental license in another state or jurisdiction must also provide:
	Official verification of all other dental license(s) held, received by the Board directly from the licensing agency.
	National Practitioner Data Bank fee of \$25.

Submission Instructions

Request official transcripts from the dental school to be submitted directly to the Board, not to the applicant, at the above address.

Request official verification of licensure from the issuing licensing agency. A copy of a license is not acceptable. Verification letters should be submitted directly to the Board, not to the applicant, at the above address or email, depending on the issuing state's policy.

Schedule a digital fingerprinting session at <u>uenroll.identogo.com</u> for the criminal background check. Be sure to use service code 27GJYG when registering. Do NOT submit fingerprint cards to the Board of Dentistry office.

Mail the license application, postgraduate program completion letter, jurisprudence exam, CPR card, and fee payment to the address above. Incomplete application packets will be held on file for up to six months.

All fees are payable to the Kentucky Board of Dentistry. A single check or money order may be used to pay all fees.

The Board will grade the jurisprudence exam, check criminal background, look up National Board and clinical exam scores, and submit a National Practitioner Data Bank query. The applicant will be contacted to resolve any adverse findings.

The status of an application can be viewed in the "New Applicant Spreadsheet" on the Board of Dentistry homepage.

