## INSTRUCTIONS FOR FACULTY LIMITED LICENSURE

Faculty limited licensure is available to individuals who have been appointed to a faculty position at a Kentucky dental school but do not meet the eligibility requirements for a full dental license. Individuals may apply for a faculty limited license if they hold a dental degree from a non-CODA accredited institution or have yet to successfully complete the National Board examination or a required clinical examination. Limited license holders may only practice dentistry within their academic program and may only provide services to patients of that program. See 201 KAR 8:533 for complete faculty limited licensing rules.

## **Application Checklist**

	Completed, signed, and notarized Application for Dental Licensure.
	Official final transcript of dental course work with degree posted, received by the Board directly from the school.
	Letter from the dean or program director of a Kentucky dental school indicating the applicant's faculty appointment.
	Signed Statement Regarding <u>Faculty Licensure Limitations</u> .
	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> .
	Application fee of \$325 if applying in an even numbered year or \$175 if in an odd numbered year.
Applic	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, faculty appointment letter, license limitation statement, 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 <a href="https://example.com/homepage">homepage</a>.

