DENTAL LABORATORY RENEWAL REGISTRATION

Instruction Sheet

1. Complete the Application for Renewal Registration of Dental Laboratories

2. Submit $150 renewal application fee (check or money order)

3. Submit a copy of the current CDT card or certificate

4. Mail to:

   KENTUCKY BOARD OF DENTISTRY
   312 WHITTINGTON PKWY, SUITE 101
   LOUISVILLE KY 40222
RENEWAL APPLICATION FOR REGISTRATION OF DENTAL LABORATORIES

Please print in ink or type your responses.

Kentucky Board of Dentistry Laboratory Registration Number ________________

Laboratory Name __________________________________________________________

Laboratory address ________________________________________________________

Number & Street (PO Boxes Not Acceptable)

City ___________________________ State _______ ZIP ________________ KY County ________________ Phone # ________________

Email address ___________________________ Cell phone number ________________

Certified Dental Technician Name ___________________________ Cell phone number ________________

OR

Supervising Dentist Name ___________________________ License # ________________

This laboratory meets the infectious disease control requirements under Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control and Prevention (CDC) of the United States Public Health Service. □ YES □ NO

As the supervising CDT/Dentist, I acknowledge that this laboratory will provide material disclosure to the prescribing dentist that contains the U.S. Food and Drug Administration registration number of all patient contact materials contained in the prescribed restoration in order that the dentist may include such numbers in the patient’s record.

Certified Dental Technician/Dentist Signature ___________________________ Date ________________

As the supervising CDT/Dentist, I acknowledge that this laboratory will disclose to the prescribing dentist the point of origin of the manufacture of the prescribed restoration. If the restoration was partially or entirely manufactured by a third-party provider, the point of origin disclosure shall identify the portion manufactured by a third-party provider and the city, state, and country of such provider.

Certified Dental Technician/Dentist Signature ___________________________ Date ________________