



# Kentucky Board of Dentistry

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## NOTICE OF INTENT TO CONTRACT FOR CONTINUATION OF PRACTICE FORM

In accordance with [KRS 313.060](#), prior to contracting with another dentist to continue the operations of a deceased or incapacitated dentist's practice, the executor, administrator, guardian, or authorized representative shall file a notification of intent to contract for continuation of practice. Please print in ink or type your responses on this form and submit using any of the contact information above.

Contracting for:      Deceased Dentist                      Incapacitated Dentist (provide brief description) \_\_\_\_\_

Dentist Name \_\_\_\_\_ License # \_\_\_\_\_

Practice Name \_\_\_\_\_

Practice Address \_\_\_\_\_

Estate Name \_\_\_\_\_ Tax ID # \_\_\_\_\_

Estate Address \_\_\_\_\_

Estate Phone \_\_\_\_\_ Estate Email \_\_\_\_\_

Provide the names and license numbers for the dentist(s) who will be providing services at the practice location.

Name \_\_\_\_\_ License # \_\_\_\_\_

Name \_\_\_\_\_ License # \_\_\_\_\_

Name \_\_\_\_\_ License # \_\_\_\_\_

I understand, under penalty of perjury, that the information provided is true and correct and that the executor, administrator, guardian, or authorized representative understands that any interference by the executor, administrator, guardian, or authorized representative, or any agent or assignee of the executor, administrator, guardian, or authorized representative, with the contracting dentist's or dentists' practice of dentistry or professional judgment or any other violation of this chapter is grounds for an immediate termination of the operations of the dental practice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

