



Kentucky Board of Dentistry

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

SEDATION OR ANESTHESIA PERMIT LOCATION NOTIFICATION FORM

In accordance with Section 9 of [201 KAR 8:550](#), a dentist holding a sedation permit shall advise the Board of each facility where the dentist intends to or has ceased to administer anesthesia and sedation within ten business days of the change. Please print in ink or type your responses on this form and submit using any of the contact information above.

Dentist Name _____ License # _____

Facility Name _____ Facility Certificate # _____

Facility Address _____

Facility Phone _____ Add this Facility Remove this Facility

Facility Name _____ Facility Certificate # _____

Facility Address _____

Facility Phone _____ Add this Facility Remove this Facility

Facility Name _____ Facility Certificate # _____

Facility Address _____

Facility Phone _____ Add this Facility Remove this Facility

Facility Name _____ Facility Certificate # _____

Facility Address _____

Facility Phone _____ Add this Facility Remove this Facility

Facility Name _____ Facility Certificate # _____

Facility Address _____

Facility Phone _____ Add this Facility Remove this Facility

I, the undersigned, hereby certify under penalty of law that I am the person referred to in this application and that the information provided herein is accurate and complete to the best of my knowledge. I further attest that I understand and agree to abide by the statutes, rules, and regulations governing sedation dentistry in Kentucky.

Signature _____ Date _____

