



# 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

## STATEMENT REGARDING STUDENT LICENSURE LIMITATIONS

In accordance with [201 KAR 8:533](#), I understand that upon receipt of a Student Limited License issued by the Board of Dentistry, I will be authorized to practice dentistry only in conjunction with the postgraduate, residency, or fellowship programs of the dental school where I am enrolled and that I may only provide professional services to patients of these programs.

I further acknowledge that I am solely responsible for the requirements of maintaining and renewing my Student Limited License as required by law.

Name \_\_\_\_\_ University \_\_\_\_\_

Program Name \_\_\_\_\_ Expected Completion Date \_\_\_\_\_

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