

Fee	Date
Approved by	
Permit number	
Date Issued	

FOR KBD USE ONLY

Kentucky Board of Dentistry

Rev. March 2020



312 Whittington Parkway, Ste. 101
 Louisville, KY 40222
 502-429-7280
dentistry.ky.gov

APPLICATION FOR SEDATION OR ANESTHESIA PERMIT

Please print in ink or type your responses, using your name as it appears on your dental license. Return this completed and notarized application, all supporting documents, and a non-refundable application fee of \$250 (check or money order made out to Kentucky Board of Dentistry) to the address above.

Section 1. Applicant Information

Name: Last/Suffix _____ First _____ Middle _____

License # _____ Phone _____ Email _____

Business Name _____ Address _____

City _____ State _____ Zip _____ KY County _____

Applying for (check all that apply):

Moderate Sedation Permit (pediatric)

Deep Sedation or General Anesthesia Permit (pediatric)

Moderate Sedation Permit (adult)

Deep Sedation or General Anesthesia Permit (adult)

Section 2. Supporting Documents

Please accompany this application with a resume and other supporting documents for all dental, professional, and post-doctoral education that supports the following minimum qualifications for the permit(s) you are seeking:

- Moderate Sedation (pediatric) - see [201 KAR 8:550, Section 5, Subsections \(5\) and \(6\)](#)
- Moderate Sedation (adult) - see [201 KAR 8:550, Section 5, Subsections \(5\) and \(6\)](#)
- Deep Sedation or General Anesthesia (pediatric) - see [201 KAR 8:550, Section 6, Subsections \(2\) and \(3\)](#)
- Deep Sedation or General Anesthesia (adult) - see [201 KAR 8:550, Section 6, Subsections \(2\) and \(3\)](#)

Section 3. Notarized Affidavit

I hereby certify that the above facts are true and that I meet the minimum qualifications for the permit(s) I am seeking. I also agree to abide by any current and future rules and regulations set by the Kentucky Board of Dentistry.

Applicant's Signature _____ Date _____

_____ For Use by Notary Public _____

State/Commonwealth of _____

County of _____

Signed and sworn before me this day of _____

Notary Public Signature _____ My Commission Expires _____