



Kentucky Board of Dentistry

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VERIFICATION OF LICENSURE OR REGISTRATION FORM

Please print in ink or type your responses. Return this application and a \$40 application fee (check or money order made out to Kentucky Board of Dentistry) to the address above. Board policy is to send official verification of any licenses or registrations currently or previously held by the applicant via certified mail directly to the regulatory entity, not to the applicant.

Verification letters arrive with the Board of Dentistry seal affixed and contain the following fields for dentists and dental hygienists: Name, License Number, Issue Date, License Type, Expiration Date, Current Status, Licensure Method, School Attended, Graduation Year, and Disciplinary Actions. Verification of dental assistant registration will have more limited information.

Licensee or Registrant Information

Name: Last/Suffix _____ First _____ Middle _____

Phone _____ Email _____

License# _____ Type: Dentist DentalHygienist DentalAssistant Other _____

Recipient Information (Verification will be sent directly to this address)

Organization _____ Attn _____

Address _____ City, State, Zip _____

Phone _____ Email _____

Additional Information (Include any important details or special instructions)

Signature _____ Date _____

