

Date _____
Approved by _____

FOR KBD USE ONLY

Kentucky Board of Dentistry



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

AUTHORIZATION TO ADMINISTER COVID-19 VACCINES

Emergency administrative regulation 201 KAR 8:505E temporarily allows qualifying dentists and dental hygienists to administer vaccinations for COVID-19. Complete this application using your information as it appears on your license to practice and submit it to the address or email above. Once approved, applicants will receive a link to a quiz covering the training courses. Taking the quiz is not required to administer vaccines; however, it will provide 1 hour of CE and a certificate to document of your knowledge.

Section 1. Applicant Information

Name: Last/Suffix _____ First _____ Middle _____

License # _____ Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

Section 2. Attestation of Eligibility

By signing below, I affirm and attest that I am a duly licensed dentist or dental hygienist, and that I am qualified to administer COVID-19 vaccinations in accordance with 201 KAR 8:505E, including the following requirements:

1. I have reviewed and comprehend the training videos required by the Board of Dentistry to administer COVID-19 vaccinations;
2. I will communicate the risks and benefits of the COVID-19 immunization and the legal requirements involved;
3. I understand that, unless extended, this emergency regulation will expire on October 24, 2021, after which I will no longer be authorized to administer COVID vaccines.
4. I will report COVID-19 immunizations and/or any associated adverse events to the Vaccine Adverse Events Reporting system, the Kentucky Department for Public Health, and the patient's primary care physician;
5. I will comply with all documentation required by federal law, the Kentucky Cabinet for Health and Family Services, and the U.S. Centers for Disease Control and Prevention;
6. I understand that only dental hygienists certified to practice local anesthesia pursuant to 201 KAR 8:562, Section 11(1) may administer a COVID-19 immunization.
7. I have access to all appropriate and required equipment, medication, and protocols in place in the event of an adverse reaction to the vaccine by the patient; and
8. If I choose to administer the COVID-19 vaccine in my private practice or facility, I will obtain the necessary equipment and follow the proper protocols for vaccine storage.

In addition to the requirements above, I affirm and attest that I have contacted my malpractice insurance carrier to ensure that my coverage extends to any claims related to my administration of vaccinations, including the COVID-19 vaccine. I understand that my failure to follow these guidelines, or my failure to complete this form truthfully and accurately, may result in disciplinary action by the Kentucky Board of Dentistry.

Applicant's Signature _____ Date _____