## KENTUCKY BOARD OF DENTISTRY INSTRUCTIONS FOR DENTAL LICENSURE BY EXAMINATION

- Applications are valid for 6 months from the date received in the Board office. If you have not been licensed by this time, you will be required to start the application process over (201 KAR 8:530 Section 15).
- All fees paid to the Kentucky Board of Dentistry are non-refundable (201 KAR 8:520 Section 5) and the fee for any returned check is \$25.00 (201 KAR 8:520 Section 3(6)). IT IS NOT NECESSARY TO MAKE SEPARATE CHECKS FOR PAYMENT OF FEES.
- You cannot obtain a license if you are currently subject to disciplinary action pursuant to KRS Chapter 313 which would prevent licensure.
- Check the status of the application on the website at <a href="http://dentistry.ky.gov/">http://dentistry.ky.gov/</a> and click on "STATUS SHEET."

## **DOCUMENTATION REQUIRED TO COMPLETE YOUR APPLICATION**

1. Submit a completed and signed "Application for Dental Licensure." Use the name under which you wish to be licensed.
2. Application fee: Non- Renewal year \$325 or the Renewal year \$175 Starting November 1 <sup>st</sup> of a renewal year the application fee is \$325.
3. Submit an official final transcript of your dental course work with your degree posted and with a seal or registrar's stamp on the transcript. You must have graduated from a CODA accredited dental school or program or dental department of a university with a DMD or DDS degree. The transcript must be sent directly to the Board office from the school or university.
4. You must have successfully completed Part I and Part II of the National Board Dental Examination conducted by the Joint Commission on National Dental Examinations (JCNDE).
<ul> <li>5. You must have successfully completed one of the following regional clinical examinations within three (3) tries: <ul> <li>The Commission on Dental Competency Assessments (CDCA)</li> <li>Council of Interstate Testing Agencies (CITA)</li> <li>Central Regional Dental Testing Service (CRDTS)</li> <li>North East Regional Board of Dental Examiners (NERB)</li> <li>Southern Regional Testing Agency (SRTA)</li> <li>Western Regional Examining Board (WREB)</li> </ul> </li> </ul>
If you have taken a clinical examination three (3) times and failed to achieve a passing score you shall not be allowed to sit for the examination again until you have completed and passed a remediation plan approved by the board.
6. You must complete and pass the board's jurisprudence examination, which can be downloaded at <a href="http://dentistry.ky.gov/dentists/licensure.htm">http://dentistry.ky.gov/dentists/licensure.htm</a> . You may reference all of the statutes and regulations at: <a href="http://dentistry.ky.gov/laws.htm">http://dentistry.ky.gov/laws.htm</a> .
7. Provide proof of having current certification in cardiopulmonary resuscitation (CPR) which meets or exceeds the guidelines set forth by the American Heart Association. <b>Send a copy of the front and back of the card.</b>

	al background check performed by the Kentucky State Police (KSP) and Federal Bureau of B.I.). Please visit our website <a href="http://dentistry.ky.gov/Dentists/Pages/Initial-Licensure.aspx">http://dentistry.ky.gov/Dentists/Pages/Initial-Licensure.aspx</a> to s.
IF YOU HAVE BEEN LICE!	NSED IN ANOTHER STATE SINCE GRADUATION YOU MUST ALSO PROVIDE THE FOLLOWING:
any license to pr	ion within three (3) months of the date of application is received at the office of the board of actice dentistry held previously or currently in any state or jurisdiction. A copy of your license is These must be sent directly to the Board office from each jurisdiction.
query done by th	cioner Data Bank Report and AADE Clearinghouse Report. This is obtained by an electronic ne Board. Applicants must provide a written report for any positive returns on a query.  Al \$25 fee, payable to the Kentucky Board of Dentistry, is required for this report.
	OR INTIAL LICENSURE AS A DENTIST BY EXAMINATION MORE THAN TWO (2) YEARS AFTER OF THE REQUIREMENTS OF YOUR CODA ACCREDITED DENTAL EDUCATION YOU MUST ALSO:
Hold a license to μ District of Colum	practice dentistry in good standing in another state or territory of the United States or the bia
	OR
course prior to r	a license to practice dentistry in good standing, you must complete a board approved refresher eceiving a license to practice dentistry in the Commonwealth of Kentucky. For further tact the Board office.
Make check payable to: Mail application to:	KENTUCKY BOARD OF DENTISTRY 312 WHITTINGTON PARKWAY, SUITE 101 LOUISVILLE KY 40222 PHONE: 502/429-7280