

# 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

## INSTRUCTIONS FOR STUDENT LIMITED LICENSURE

Student limited licensure is available to individuals accepted into a postgraduate, residency, or fellowship program associated with a Kentucky dental school but who do not yet qualify for a full dental license. Individuals may apply for a limited license if they hold a dental degree from a non-CODA accredited institution or have yet to successfully complete the National Board examination or a required regional clinical examination. Limited license holders may only practice dentistry as part of the program in which they are enrolled and may only provide services to patients of that program.

### **Application Checklist**

- \_\_\_\_\_ Completed, signed, and notarized <u>Application for Dental Licensure</u>.
- \_\_\_\_\_ Official final transcript of dental course work with degree posted, received by the Board **directly from the school**.
- \_\_\_\_\_ Signed <u>Statement Regarding Student Licensure Limitations</u>.
- \_\_\_\_\_ Copy of front and back of CPR card documenting active certification in cardiopulmonary resuscitation.
- \_\_\_\_ Completed Jurisprudence Examination.
- \_\_\_\_\_ Register for criminal background check via IdentoGO Universal Enrollment Platform using service code **27GJYG**.
- Letter from the dean or program director of a postgraduate, residency, or fellowship program in Kentucky stating that the applicant has been accepted into the program and the expected date of completion.
- \_\_\_\_\_ Application fee by check or money order payable to Kentucky Board of Dentistry. The fee is \$325 if applying in an even numbered year or \$175 if in an odd numbered year.

Applicants who have held a dental license in another state or jurisdiction must also provide:

- \_\_\_\_\_ Verification of licensure for any dental license(s) held in another state or jurisdiction. License verification must be received by the Board **directly from the licensing jurisdiction.** A copy of a license is not acceptable.
- \_\_\_\_\_ National Practitioner Data Bank fee of \$25 payable to Kentucky Board of Dentistry.
- \_\_\_\_\_ Written explanation for any positive returns from a query of the National Practitioner Data Bank.

### **Submission Instructions**

Please mail the license application, letter of program acceptance, limited licensure statement, jurisprudence exam, CPR card, and payment of fees to the address above.

Official transcripts and any verifications of licensure must be requested by the applicant to be submitted directly to the Board from the issuing dental school or licensing jurisdiction.

The Board will grade the jurisprudence exam, run a criminal background check, and submit a National Practitioner Data Bank query. The applicant will be contacted to resolve any adverse findings from these actions.

The status of an application can be viewed in the "New Applicant Spreadsheet" on the Board of Dentistry homepage.

### **License Renewal and Expiration**

All dental licenses, including limited licenses, expire on Dec. 31 of odd numbered years and must be <u>renewed</u> to remain active. Student limited licenses also automatically expire once enrollment in the qualifying program ends. The dental school should notify the Board in writing of the date the license holder graduates from or exits the program.