

Fee	Date
Approved by	
Permit number	
Date Issued	

FOR KBD USE ONLY

Kentucky Board of Dentistry



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

APPLICATION FOR RENEWAL OF 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 application and a non-refundable renewal fee of \$75 (check or money order made out to Kentucky Board of Dentistry) to the address above. Please note that the sedation permit renewal application and fee is in addition to the dentist license renewal application and fee.

Section 1. Applicant Information

Name: Last/Suffix _____ First _____ Middle _____

License # _____ Phone _____ Email _____

Business Name _____ Address _____

City _____ State _____ Zip _____ KY County _____

Renewing 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. Signed Affidavit

I hereby certify that the above facts are true. I also affirm that I have met the minimum continuing education requirements and any other qualifications necessary to renew my the permit(s). I also agree to abide by any current and future rules and regulations set by the Board of Dentistry.

Applicant's Signature _____ Date _____