



Kentucky Board of Dentistry
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ACTIVE KENTUCKY HYGIENIST LIST ORDER FORM

PLEASE NOTE THE FOLLOWING INFORMATION:

- **ALL** files will be sent via email to the requestor
- List requests are **NOT** customized
- Allow **2 WEEKS** from date received in the Board office for processing of your request
- Payment **MUST** be sent with this order form; make checks & money orders payable to *KY Board of Dentistry*
- Field names appear on the first row; standard available fields are on each list in the requested format

For Profit Organizations

\$1,000 per list*

Excel Spreadsheet Format (.xls)

Non-Profit Organizations

\$100 per list*

Excel Spreadsheet Format (.xls)

Non-Profit Only

I hereby certify that I am requesting this list of Kentucky licensee information for non-profit use only. I understand that any for-profit use of this list by myself or any customer or employee thereof will make me subject to paying the full fee. I also understand that I may be asked to provide documentation supporting non-profit use, and non-compliance will make me subject to paying the full fee. Signed,

Signature

Date

Printed name

Email list to:

Company/Attention to: _____

Email Address: _____

Phone number: _____

For office use only

Date Received: _____

Payment: _____

Date Sent: _____