

Approved by

FOR KBD USE ONLY

Kentucky Board of Dentistry



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502/429-7280
<http://dentistry.ky.gov>

RETIREMENT OF LICENSE FORM

I hereby submit to the Kentucky Board of Dentistry official notice of my intent to retire my license. I understand that my license shall not be retired if there is pending disciplinary action against it. Furthermore, I understand that if I intend to reinstate my license in Kentucky, I must meet the requirements as set forth in statute and regulation.

I understand that the Board shall send written confirmation of the retirement of my license to the address listed at the bottom of this form.

Signature

Printed Name

Effective Date

License Number

Dentist Dental hygienist

Street & Number

City

State

ZIP