



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

APPLICATION FOR RENEWAL OF DENTAL LICENSURE

Pursuant to [KRS 313.030](#), dental licenses in Kentucky expire on Dec. 31 of odd-numbered years and must be renewed in order to remain active. Please print in ink or type your responses, using your name as it appears on your dental license. Return this completed application and renewal fee of \$295 (active military are exempt from renewal fees) with a check or money order made out to the Kentucky Board of Dentistry to the address above. Add \$50 if also renewing a specialty license and \$75 if renewing a sedation permit. Once your application is processed, you will be notified of your successful license renewal.

Name: Last/Suffix _____ First _____ Middle _____

License # _____ Phone _____ Email _____

Home Address _____

Business Address _____

Preferred Mailing Address Home Business Indicate any fields above that changed since last renewal _____

Are you also renewing a specialty license? Yes No If Yes, indicate the specialty _____

Are you also renewing a sedation permit? Yes No If Yes, indicate the permit type(s) _____

Are you currently an active duty member of the U.S. Armed Forces? Yes No If Yes, provide a copy of the front of your Common Access Card (CAC) with this application.

The licensee shall meet the eligibility criteria* for license renewal and attest to the following:

Initial

_____ I have actively practiced dentistry in the previous two years.

_____ I have maintained my CPR certification which meets or exceeds American Heart Association guidelines.

_____ I have completed all CE requirements to renew my license and, if applicable, any sedation permit(s) I may hold.

_____ I have not had a dental license denied, revoked, suspended or disciplined by another jurisdiction since my last renewal.

_____ I have not been convicted of, pled guilty to, or entered an Alford plea for a felony or misdemeanor since my last renewal.

**If you do not meet the above criteria, are unsure of your renewal eligibility, or have other questions, please contact the Board of Dentistry office.*

I, the undersigned, hereby certify under penalty of law that I am the person referred to in this application and that the information provided herein is accurate and complete to the best of my knowledge. I acknowledge that the submission of false or fraudulent information as part of this application is grounds for disciplinary and/or legal action. I further attest that I understand and agree to abide by the statutes, rules, and regulations governing dentistry in Kentucky.

Applicant's Signature _____ Date _____