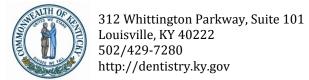
Fee	Date		
Transcript	Jurisprudence		
NB	Clinical		
Bkgrnd	NPDB		
HIV/AIDS	CPR		
Verifications			
License number			
Date of Issue			

## FOR KBD USE ONLY

## Kentucky Board of Dentistry



## APPLICATION FOR DENTAL HYGIENE LICENSURE

Please print in ink or type your responses. List your name as you want it to appear on your license.

Name							
Last/Suffix		Firs	st	Middle			
Former Name(s)	SSN						
Place of Birth	Date of Birth			Gender (M/F)			
		mm/dd/y	уууу				
Citizen of	If naturalized	U.S. citizen, give	e date and place				
Home address							
Number & Street PO Boxes Not A	cceptable						
City	State	ZIP	KY County		Phone #		
Intended business address							
Business Name		Number & Street PO Boxes Not Acceptable					
City	State	ZIP	KY County		Phone #		
Preferred mailing address $\ \square$ Home $\ \square$ Busi	iness $\square$ Other						
Email address	Cell phone number						
Applying for $\ \square$ Full licensure by exam $\ \square$ Fu	all licensure by	credentials					
Name of clinical exam	Date of exam		Locati	Location of exam			
Dental Hygiene Education							
Name of School		Location		Degree	Dates Attended		
	_						
Other State Licenses List all states in which you have held or prese	ently hold a der	ntal hygiene licer	nse. Attach an additio	nal sheet if n	ecessary.		
State	License #		State		License #		
,							

## **Practice History** Give all places of practice since graduation, listing most recent first. Attach an additional sheet if necessary. **Business Name** Address **Dates** If you answer NO to any of questions 1-3, please attach a full written explanation. Do you understand, read, speak, and write the English language with a comprehension and performance level equal to at least the ninth grade of education, otherwise known as Level 4? ..... No 2. Have you successfully completed the National Board written exam? ...... Yes No 3. Did you successfully pass a clinical exam within three (3) tries?..... Yes No. If you answer YES to any of questions 4-9 or 11, please attach a full written explanation. 4. Has any dental hygiene license held by you had any type of disciplinary action taken against it by any state board or government agency? ..... Yes No 5. Are there any disciplinary actions pending against your license by any state board or government agency? Yes Nο Has a dental hygiene license ever been denied to you by any state? ...... No 7. Have you ever voluntarily surrendered your license while under investigation in any state? ..... Yes No Have you ever been convicted of a misdemeanor or felony? Yes No Have you ever been sued for malpractice or professional negligence? ..... No 10. Do you currently have an obligation in a financial aid program administered by the Kentucky Higher Education Assistance Authority (KHEAA)? Yes No 11. If yes to #10, are you in default of the repayment obligation, per KRS 164.772? ..... No Are you a graduate of a board approved CODA accredited program on or after July 15, 2010, which meets or exceeds the Nο If yes, list name of course and semester completed If you meet the requirements of 201 KAR 8:560 Section 11, you will be granted the authority to practice local anesthesia as part of your dental hygiene license, subjects to the requirements of applicable statutes and regulations. Affadavit to be Completed Before a Notary , being duly sworn state that I am the person referred to in the foregoing application and that the photograph attached hereto is of myself and that the statements made herein are true, accurate, and complete to the best of my knowledge and belief. I certify that I have not, am not, and shall not practice, be classified, or hold myself out as being able to practice dental hygiene in Kentucky until authorization to do so has been granted by Attach a head and shoulders the Kentucky Board of Dentistry. In the event that I am licensed by the Kentucky Board of Dentistry, I photograph taken within the hereby agree to adhere to and abide by all the statutes, rules, and regulations governing the practice past six months. of dentistry in Kentucky. No hats, please. I understand that, under Kentucky Law, the submission of any false, fradulent, or forged statement, document, or other matter in connection with this application is grounds for criminal prosecution and denial of licensure. I authorize the Board or its agents to obtain from other sources any information, files, or records necessary for determining my qualifications for licensure. Signature of Applicant State of \_\_\_\_\_ County of

Signed and sworn to before me this

Notary Public

Signature \_\_\_

My commission expires \_\_\_\_\_

Return your application, non-refundable fee, and other required information to:

Kentucky Board of Dentistry 312 Whittington Parkway, Suite 101 Louisville, KY 40222