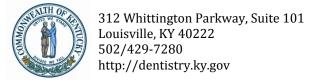
Fee	Date
Bkgrnd	NPDB
HIV/AIDS	CPR
Verifications	
License number	
Date of Issue	

## FOR KBD USE ONLY

## Kentucky Board of Dentistry



## APPLICATION TO REINSTATE A DENTAL HYGIENE LICENSE

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

Name					
Last/Suffix		Fii	rst	Middle	
Former Name(s)			SSN		
Place of Birth		Date of Birth	mm/dd/yyyy	Gender (M/F)	
Home addressNumber & Street PO Boxes Not Ac	cceptable				
City	State	ZIP	KY County	Phone #	
Intended business addressBusiness Name			t PO Boxes Not Acceptable		
City	State	ZIP	KY County	Phone #	
Preferred mailing address $\square$ Home $\square$ Busin	ness $\square$ Other	·			
Email address			Cell phone number		
Applying for $\Box$ Reinstatement of licensure					
Name of clinical exam	Date of e	exam	Location of	exam	
FORMER KY LICENSE NUMBER					
Other State Licenses List all states in which you have held or prese State	ently hold a der License ‡		ach an additional sheet if ne State	ecessary. License #	
Practice History Give all places of practice since graduation, lis Business Name	sting most rece	ent first. Attach Address	an additional sheet if neces	sary.  Dates	

If you a	nswer YES to any of questions 1-6 or 8, please attach a full written explanation.			
1.	Has any dental hygiene license held by you had any type of disciplinary action taken ag	ainst it by		
	any state board or government agency?			
2.	Are there any disciplinary actions pending against your license by any state board or go	overnment		
	agency?		Yes	No
3. Has a dental hygiene license ever been denied to you by any state?			Yes	No
4. Have you ever voluntarily surrendered your license while under investigation in any state?			Yes	No
5.	5. Have you ever been convicted of a misdemeanor or felony?			No
6.	6. Have you ever been sued for malpractice or professional negligence?			
7.	Do you currently have an obligation in a financial aid program administered by the Ken			
	Higher Education Assistance Authority (KHEAA)?		Yes	No
8.	If yes to #7, are you in default of the repayment obligation, per KRS 164.772?		Yes	No
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 the Kentucky Board of Dentistry. In the event that I am licensed by the Kentucky Board of Dentistry, I hereby agree to adhere to and abide by all the statutes, rules, and regulations governing the practice of dentistry in Kentucky.  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				
	tion, files, or records necessary for determining my qualifications for licensure.			
	Signature of Applicant			
	te of) ss			
Co	unty of)			
Sig	ned and sworn to before me this			
	day of, 20			

Signature \_\_\_

Notary Public

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