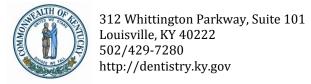
No

Fee	Date
Education	
Date Approved	

FOR KBD USE ONLY

Kentucky Board of Dentistry



DENTAL HYGIENE LOCAL ANESTHESIA REGISTRATION APPLICATION

Please print in ink or type your responses. List your name as it appears on your license. Last/Suffix First Middle Kentucky license number _____ Current mailing address _ Number & Street PO Boxes Not Acceptable

City	State	ZIP	KY County	Phone #	_
ocal Anesthesia Coursewor	•				
Have you completed a bo	ard approved training and	d education co	urse as described in KRS		

313.060(10)(10)? If "yes," please attach a copy of your course completion certificate to this form. If "no," attach documentation of your successful completion of a training and education course that meets or exceeds the requirements established in KRS 313.060(10)(10).

If you answer YES to any of questions 1-6, please attach a full written explanation.

1. Has any dental hygiene license held by you had any type of disciplinary action taken against it by any state board or government agency? No 2. Are there any disciplinary actions pending against your license by any state board or government agency? No Yes 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?..... No 5. Have you ever been convicted of a misdemeanor or felony? Yes No 6. Have you ever been sued for malpractice or professional negligence? No

Attestation to be completed by the dental hygienist

I attest that I, the undersigned, have completed this form and that the information contained herein is true and accurate to the best of my knowledge and belief. I agree not to practice local anesthesia until such time as I receive local anesthesia registration from the board. In the event that I receive this registration, I agree to adhere to and abide by all of the statutes, rules, and regulations governing the practice of local anesthesia by dental hygienists in Kentucky.

Signature of dental hygienist	 Date

RETURN YOUR COMPLETED APPLICATION, NON-REFUNDABLE FEE, AND OTHER REQUIRED INFORMATION TO THE BOARD AT THE ADDRESS ABOVE.