

Fee Exempt	Date
Approved by	
License number	
Date Issued	

FOR KBD USE ONLY

Kentucky Board of Dentistry

Rev. Nov. 2021



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LICENSE RENEWAL AFFIDAVIT FOR ACTIVE MILITARY

Pursuant to [KRS 12.355](#), Kentucky does not require active duty members of the Armed Forces of the United States to pay license renewal fees. However, federal rules require professional licenses held by members of the military to be fully unrestricted. Licensees should check with their branch of service to confirm that fee waivers are not considered restrictive. Those who want to voluntarily pay the fee should not submit this form and instead use the online renewal portal at dentistry.ky.gov.

Please print in ink or type your responses, using your name as it appears on your dental license. Return this affidavit to the address or email above. Once your application is processed, you will be notified of your successful license renewal.

Section 1. Licensee Information

Name: Last/Suffix _____ First _____ Middle _____

License # _____ Phone _____ Email _____

Address _____ City _____

State _____ Zip _____ Service Branch _____ Defense Dept. ID Number _____

Do you have a specialty license and/or sedation permit you also wish to renew? Yes No

Specialty License Type _____ Sedation Permit Type _____

Section 2. Eligibility Criteria

The licensee shall meet the eligibility criteria for license renewal as per [201 KAR 8:532, Section 10](#) and attest to the following:

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

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

_____ I am not in default of a financial aid obligation administered by the Kentucky Higher Education Assistance Authority.

_____ I have completed a minimum of 30 continuing education hours as well any additional required hours.

_____ I am an active duty member of the Armed Forces of the United States.

Section 3. Affidavit

I hereby certify that the above facts are true and that I am requesting a waiver of my license renewal fees as provided for under state law. I further acknowledge that failure to comply with the requirements for license renewal or submission of false information subjects my license to disciplinary action pursuant to [KRS 313.100](#).

Applicant's Signature _____ Date _____