



Kentucky Board of Dentistry

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STATEMENT REGARDING STUDENT LICENSURE LIMITATIONS

In accordance with [201 KAR 8:533](#), I understand that upon receipt of a Student Limited License issued by the Board of Dentistry, I will be authorized to practice dentistry only in conjunction with the postgraduate, residency, or fellowship programs of the dental school where I am enrolled and that I may only provide professional services to patients of these programs.

I further acknowledge that I am solely responsible for the requirements of maintaining and renewing my Student Limited License as set out in statute and regulation.

Name _____ University _____

Program Name _____ Expected Completion Date _____

Signature _____ Date _____

