



# Kentucky Board of Dentistry

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## AFFIDAVIT OF ACTIVE PRACTICE OF DENTISTRY OR DENTAL HYGIENE

Being duly sworn, I affirm that for five (5) of the six (6) years immediately preceding the filing of my application for licensure by credentials, I have been engaged in the active practice of:

Dentistry

Dental Hygiene

Further, I state that when practicing during this period, I was legally authorized to do so in a state or territory of the United States or the District of Columbia where the qualifications for licensure were equal to or higher than those of the Commonwealth of Kentucky.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ For Use by Notary Public \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Seal

Signature \_\_\_\_\_ Commission Expires \_\_\_\_\_