

NPDB	
Licensed in?	
License number	
Date of Issue	

FOR KBD USE ONLY

Kentucky Board of Dentistry



312 Whittington Parkway, Suite 101
 Louisville, KY 40222
 502/429-7280
<http://dentistry.ky.gov>

APPLICATION FOR CHARITABLE DENTAL LICENSURE

Name of Charitable Event _____ Name of Sponsoring Organization _____
 Event date/s _____ today's date: must be 30 days prior to event date _____

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

Name _____
Last/Suffix First Middle

Former Name(s) _____ SSN _____

Place of Birth _____ Date of Birth _____ Gender (M/F) _____
mm/dd/yyyy

Citizen of _____ If naturalized U.S. citizen, give date and place _____

Home address _____
Number & Street PO Boxes Not Acceptable

City State ZIP KY County Phone #

Current business address _____
Business Name Number & Street PO Boxes Not Acceptable

City State ZIP KY County Phone #

Preferred mailing address Home Business Other _____

Email address _____ Cell phone number _____

Applying for Charitable dental licensure DEA Permit Number _____

Dental Education

Name of School Location # of Years Degree Dates Attended

_____	_____	_____	_____	_____
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Other State Licenses

List all states in which you have held or presently hold a dental license. Attach an additional sheet if necessary.

State License # State License #

_____	_____	_____	_____
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Practice History

Give all places of practice since graduation, listing most recent first. Attach an additional sheet if necessary.

Business Name Address Dates

_____	_____	_____
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If you answer NO to question 1, please attach a full written explanation.

- 1. Do you understand, read, speak, and write the English language with a comprehension and performance level equal to at least the ninth grade of education, otherwise known as Level 4? Yes No

If you answer YES to any of questions 2-9 or 11, please attach a full written explanation.

- 2. Has any dental license held by you had any type of disciplinary action taken against it by any state board or government agency? Yes No
- 3. Are there any disciplinary actions pending against your license by any state board or government agency? Yes No
- 4. Has a dental license ever been denied to you by any state? Yes No
- 5. Have you ever voluntarily surrendered your license while under investigation in any state? Yes No
- 6. Have you been suspended, sanctioned, or restricted in any way from participating in any insurance program (including Medicare or Medicaid)? Yes No
- 7. Has your DEA permit ever been limited or relinquished? Yes No
- 8. Have you ever been convicted of a misdemeanor or felony? Yes No
- 9. Have you ever been sued for malpractice or professional negligence? Yes No
- 10. Do you currently have an obligation in a financial aid program administered by the Kentucky Higher Education Assistance Authority (KHEAA)? Yes No
- 11. If yes to #10, are you in default of the repayment obligation, per KRS 164.772? Yes No

Statement of Limitation for Charitable Licensure

By submitting this application to the Kentucky Board of Dentistry, I agree to comply with the standards set in KRS 313.254 and 201 KAR 8:530 as they relate to the practice of charitable dentistry. I understand that I may only perform procedures that are typically performed and completed in one (1) appointment, that the procedures shall be completed within the duration of the charitable event, and that I shall perform them without expectation of compensation. I understand that I shall work only with charitable entites that are registered with the Kentucky Cabinet for Health and Family Services, and that I shall perform dental services for no more than a ten (10) day period during any given charitable event. I understand that, if issued by the Board, my charitable limited license shall be valid for no more than two (2) years, and that upon expiration I must reapply for charitable limited licensure if I intend to continue performing charitable dental work in the Commonwealth of Kentucky.

_____ Initials

Affidavit to be Completed Before a Notary

I, _____, being duly sworn state that I am the person 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 dentistry 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.

Attach a head and shoulders photograph taken within the past six months.

No hats, please.

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 information, files, or records necessary for determining my qualifications for licensure.

_____ Signature of Applicant

State of _____)
County of _____) ss

Signed 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