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 HYGIENE LICENSURE

Name of Charitable Event	Name of Sponsoring Organization					
vent date/s today's date: must be 30 days prior to event date						
Please print in ink or type your res	ponses. List your n	ame as you wan	t it to appear on yo	our license.		
Name						
Last/Suffix		First		Middle		
Former Name(s)		SSN				
Place of Birth		Date of Birth		Gender (M/F)		
Citizen of	If naturalize	If naturalized U.S. citizen, give date and place				
Home address Number & Street PO Box	os Not Accontabla					
	es Not Acceptable					
City	State	ZIP	KY County		Phone #	
Current business address Business Na			PO Boxes Not Acceptable	<u>.</u>		
City	State	ZIP	KY County		Phone #	
Preferred mailing address \square Home	🗌 Business 🗌 Othe	er				
Email address			_ Cell phone numb	er		
Applying for $\ \square$ Charitable dental hygi	iene licensure					
Dental Hygiene Education						
Name of School		Location	# of Years	Degree	Dates Attended	
Other State Licenses List all states in which you have held of	r procently hold a de	ontal hygiana licar	aca Attach an additic	nal choot if n	00000070	
State	License		State		License #	
Practice History Give all places of practice since gradua Business Name	ation, listing most rea	cent first. Attach a Address	in additional sheet if	necessary.	Dates	

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
lf you a	nswer YES to any of questions 2-7 or 9, please attach a full written explanation.		
2.	Has any dental hygiene 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 hygiene 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 ever been convicted of a misdemeanor or felony?	Yes	No
7.	Have you ever been sued for malpractice or professional negligence?	Yes	No
8.	Do you currently have an obligation in a financial aid program administered by the Kentucky		
	Higher Education Assistance Authority (KHEAA)?	Yes	No
9.	If yes to #8, 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 dental hygiene. 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 hygiene 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 hygiene work in the Commonwealth of Kentucky.

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 dental hygiene 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.

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	

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

Initials

No hats, please.

Return your application, non-refundable fee, and other required information to:

Kentucky Board of Dentistry 312 Whittington Parkway, Suite 101 Louisville, KY 40222