

STATE OF KANSAS KANSAS DENTAL BOARD NAME AND ADDRESS CHANGE FORM

By statute, within 30 days of relocation, dentists must provide the Board with the new practice location address.

By statute, within 30 days of relocation, dental hygienists must provide the Board with the new residence address and/or business address and employer.

A court document or a copy of a marriage certificate must accompany ► Name changes.

Effective Date Name

I am a License Number

Purpose of sending form List if Other

In the fields below list the RESIDENTIAL information to be updated

Address
Street City State Zip

Home Number Cell Number

In the fields below list the PRACTICE information to be updated

Address
Street City State Zip

Practice Telephone Number Fax Number

Hours worked Per weeks a year

NAME CHANGE

You may attach a scanned copy of the court document that changes your name or you may fax to 785-296-3116. If you are mailing the information, please print this form and mail information together.

Prior Name

Current Name

Current E-Mail

The KDB newsletter is only
sent electronically. To receive
the newsletter an E-Mail
address is required.

Preferred mailing location

Comments