

# KANSAS DENTAL BOARD

900 SW Jackson, Suite 455-S, Topeka, KS 66612

785-296-6400 website: [www.dental.ks.gov](http://www.dental.ks.gov)

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## Dental and Hygiene Requirements for Application by CREDENTIALS

1. Obtained a license in good standing, which is defined as having an active dental license, and have practiced, in a jurisdiction for a period of at least five (5) consecutive years immediately preceding the date of application or an active dental hygiene license, and have practiced, in a jurisdiction for a period of at least three (3) consecutive years immediately preceding the date of application. The Board may consider disciplinary, stipulations or administrative actions taken against it by the issuing agency to determine whether a license is in "good standing".
2. Have graduated from an ADA approved school in the US, Canada or Puerto Rico
3. Recent photograph, wallet size
4. National board passing scores (copy)
5. Clinical board passing scores (copy). Accepted: ADLEX, ADHLEX, CRDTS, SRTA, NERB, WREB, CITA.
6. Original transcript with degree awarded - must be sent directly to Kansas Dental Board office from the Registrar's office or be in an unopened envelope from the school. Transcripts can be sent electronically from the school.
7. Verification of license, from all states where you have held/hold license(s), current or expired. Verification must have a board seal. A copy of a license is NOT considered verification. You must contact each state. The verification must be received by the Board in a sealed envelope.
8. Provide a self-query of the National Practitioner Data Bank and Health Integrity and Protection Databank. NPDB/HIPDB information is condensed to one report. Directions are on following page.
9. Completed application, with original signature, photo and notarized signature.
10. Once application is received, with payment, the Kansas Jurisprudence Exam (JP exam) can be scheduled. The exam is given at the board office by appointment. You may choose to have the exam proctored at a dental or dental hygiene school, testing center or library. You will make the arrangements then notify the board of the place/time/date/e-mail address of the proctor by e-mail to [vanda.collins@ks.gov](mailto:vanda.collins@ks.gov).

### Hygiene ONLY

- Local Anesthesia Certificate and/or Nitrous Oxide Certificate (if applicable)

### Dentist ONLY

- One letter of recommendation from a licensed dentist or school official, presented on letterhead with a signed signature.

*\*\*\*License fee - Is prorated to the month you are licensed. There are two fees. The application fee and the licensing fee. You will be notified by e-mail when your application is complete and the prorated amount to send.*

11. Print completed application and **submit by mail ONLY** to: Kansas Dental Board,  
900 SW Jackson, Suite 455-S,  
Topeka, KS 66612

If the application is hand written, any non-legible information may result in the application being returned.

**NOTE:** *If for any reason the application process is not completed the application fee is non-refundable.*

**NOTE:** *It is important to provide an e-mail address. Communications regarding your application are primarily done through e-mail.*

*Allow 7-10 business days for your application to be processed. If you wish to have confirmation that your application has been received, you are encouraged to use a delivery service that provides delivery confirmation.*

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## National Practitioner Data Bank Report

All candidates for dental or dental hygiene licensure are required to self-query the National Practitioner Data Bank. The self-query must be completed on the internet. Instructions for accessing the self-query form are as follows:

- Go to [www.npdb.hrsa.gov/](http://www.npdb.hrsa.gov/)
- Look for "Health Care Professionals, Residents, and Students" on the Right side of the page.
- Click on: Highlighted word "Self-Query"
- Click on: Place a Self-Query Order. (middle box)
- Read information, then check the acknowledgements > Submit and Continue
- Check "Personal"
- Start with Subject Information and continue with steps shown
- There is one report. The cost is \$5.00.
- If you are using your personal debit or credit card you can proceed with a self verification process and you will receive your report within a few minutes via e-mail.
- If you do not choose the self verification process, you will need to complete the information, then print the form, have the form notarized and mailed to The DataBank at the address they will provide.

After processing the self-query, the Data Bank sends an e-mail alerting the practitioner that the self-query response is available for online viewing. *The report may saved as a .pdf file and forwarded to the Kansas Dental Board at [vanda.collins@ks.gov](mailto:vanda.collins@ks.gov).* In addition to the electronic response, you will receive a paper copy, if you have elected to do so.

Provide the self-query report of the National Practitioner Data Bank to the Kansas Dental Board. You may submit a "copy" of the report either by mail, fax, or e-mail as described above. Should you have questions pertaining to your self-query call: Data Bank Customer Service at 800-767-6732 or e-mail [help@npdb.hrsa.gov](mailto:help@npdb.hrsa.gov).

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## Application By Credential

I hereby apply for licensure as a  Dentist  RDH  3

In the State of Kansas and submit the following as evidence of my qualifications

**\$300 Application fee**

The Board requires statements contained herein to come from your own knowledge, unless the statement is expressly qualified to show the source of your information. Answer all questions and make your answers as specific as possible. A dental applicant may apply by credentials if he/she holds a license to practice Dentistry in one or more other states and has been in the active practice of Dentistry for five (5) years preceding the date of application.

A Dental Hygiene applicant may apply by credentials if he/she holds a license to practice Dental Hygiene in one or more other states and has been in the active practice of Dental Hygiene for three (3) years preceding the date of application. The applicant must successfully complete a jurisprudence examination. The Board may request the applicant to appear before them at a time and place set by the Board.

The applicant must have successfully passed a licensure examination in another jurisdiction equivalent to the requirements in the State of Kansas. The Kansas Dental Board will make judgment whether it was an equivalent examination. Educational Requirements: Each applicant must be a graduate of an ADA approved dental or dental hygiene school approved by the Kansas Dental Board.

1. Name  (Last)  (First)  (Middle Initial)

2. Residential Address  (Street #)  (City)  (State)  (Zip Code)

3. Work Address  (Street #)  (City)  (State)  (Zip Code)

4. Primary Phone No.  (7852223131)

5. SSN  (123456789)

You are required to provide your social security number as part of this application pursuant to 42 U.S.C. § 666(a)(13) and K.S.A. 74-148. Your social security will be used for identifying you, reporting to the National Practitioner Data Bank or HealthCare Integrity and Protection Data Bank and will be provided to the Kansas Department of Revenue pursuant to K.S.A. 74-139 and Kansas Social Rehabilitation Services pursuant to K.S.A. 74-148 and 39-758.

6. Previous Names  Birth Date  (MM/DD/YYYY) Gender

7. E-mail

8. Are you a US Citizen

9. City/State of Birth

10. Are you active in the Military?   
If "yes" provide documents

**11. IF YOUR ANSWER IS "YES" TO ANY OF THE FOLLOWING QUESTIONS (a-e), YOU ARE REQUIRED TO ATTACH DOCUMENTATION AND A COMPLETE EXPLANATION:**

- (a)  Has any adverse judgment, award, or settlement been paid in which you were named resulting from a professional liability claim?
- (b)  Has any disciplinary action been taken or initiated against you by a state licensing agency or other state or federal agency, or have you surrendered or consented to limitation of license to practice in any state?
- (c)  Have you been found guilty or pled no contest to any felony or misdemeanor?
- (d)  Have you suffered from, or been diagnosed with, any impairment which would affect your ability to safely practice?
- (e)  Do you have an investigation pending with any state licensing board?

12. Are any criminal proceedings pending?  If yes, attach documentation

13. Before attending dental or dental hygiene school, I attended the following College or University.

City  State

City  State

14. Date of current CPR Card

**NOTE: Current CPR card is required for both dentist & hygienist**

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List below the College or University you received your dental or dental hygiene degree from

15. College or University  City  State

16. Degree received  17. Date of Graduation

18. Have you ever failed a Clinical or National examination?  If Yes provide details

19. Name all States in which you hold/held a license for the practice of Dentistry or Dental Hygiene. (attach additional sheet if needed)

State  Date Issued  Date of Expiration

State  Date Issued  Date of Expiration

State  Date Issued  Date of Expiration

20. I have attached proof of Continuing Education taken within the last two (2) years Required CE   
(proof is copies of actual certificates)

21. Dentists must have practiced for the last 5 years / Hygienists must have practiced for the last 3 years within the state credentialing from. Provide a list of work locations and approximate dates where you have practiced your profession for the required time frame. **Provide Practice Name/ Address/ Phone and Begin/end dates worked at each location.** You may provide an attachment with this information if necessary.

Name.  Address  City  State

Begin Date  End Date  Phone   
Month/Year Month/Year

Name.  Address  City  State

Begin Date  End Date  Phone   
Month/Year Month/Year

Name.  Address  City  State

Begin Date  End Date  Phone   
Month/Year Month/Year

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**NOTICE TO APPLICANT**

I , the applicant herein, deposes and says that all facts, statements and answers contained in this  
*(Applicants name)*

application are true and correct; I am not omitting any information which might be of value to this Board in determining my qualifications and as an applicant shall be sufficient to bar me from this or any future examination given by the Kansas Dental Board and such falsifications, omissions, or withholding shall serve as sufficient grounds for the suspension, cancellation or revocation of my Kansas Dental/Hygiene Licensure even though it is not discovered until after the issuance.

I hereby give permission to the Kansas Dental Board to secure additional information concerning me or any statement in this application from any source the Board may desire. I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements if desired by the Board.

I do solemnly declare upon my honor that if granted a license to practice Dentistry/Dental Hygiene in Kansas I will respectfully comply with the law governing the practice of Dentistry/Dental Hygiene in this State and will do my best to uphold and maintain the ethics of the profession.

**A Notary is required. DO NOT sign until in presence of notary.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Notary Public \_\_\_\_\_

My Commission expires: \_\_\_\_\_

Passport size or larger

ATTACH PHOTOGRAPH OF  
APPLICANT  
IN THIS SPACE

(Picture cannot be digitally attached to  
this form)