

**Dental and Dental Hygiene  
Requirements for Application by  
EXAMINATION**

- 1) Have graduated from an ADA approved school in the United States, Canada, or Puerto Rico.
- 2) Recent photograph, wallet or passport size.
- 3) National Board passing scores (copy). The National Board exam results are now only available online. It is the responsibility of the applicant to ensure the Dental Board is provided a copy of the results. The results can be mailed, e-mailed or faxed.
- 4) Clinical Board passing scores (copy). Accept CRDTS, SRTA, NERB, WREB, CITA, ADEX and State Boards.
- 5) Original Transcript with dental/dental hygiene degree awarded - must be sent directly to Kansas Dental Board office from the Registrar's Office or be in a sealed envelope from the school. Transcripts may be sent electronically from the University or College.
- 6) Current CPR card. (copy)
- 7) Verification of **all state licenses** held (Current or Expired). It must be certified with an embossed board seal. A copy of a license is NOT considered verification. You will need to 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. This is one report. Instructions to acquire the report are on the second page.
- 9) Completed Application, signed and notarized.
- 10) Once Application is received, with payment of application fee, you can schedule the KS Jurisprudence Exam (JP exam). It can be taken at any State Dental Board, Dental/Hygiene School, testing center, or at the Kansas Dental Board by appointment. If you wish to take the exam in Topeka at the Kansas Dental Board, call 785-296-6400 or e-mail at [vanda.collins@ks.gov](mailto:vanda.collins@ks.gov) to schedule a time at least a week in advance. The exam is offered Monday through Friday between the hours of 9 a.m. - 11 am and 1 p.m. - 3 p.m.

If you wish to arrange to have the exam proctored you must make the arrangements. Contact the board or school where you wish to be tested; ask if someone is willing to proctor the exam for you. If so, schedule a date and time with the proctor. At least a week prior to the exam, e-mail the following information to us:

1. Place where the examination will be given
2. Date
3. Proctor's name and e-mail address

The documents and instructions for the exam will be e-mailed to the proctor prior to the exam. Once the test is given, the proctor should fax, e-mail or mail the completed exam to the KDB office. The exam is based upon the Kansas Dental Practices Act. You can find the act on our website at [www.dental.ks.gov](http://www.dental.ks.gov) and click on "laws." You are encouraged to print the document or download it on your electronic device for use during the exam.

11) Hygienist Only

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

Dentist Only

- One recommendation letter from a licensed dentist. *The letter must be presented on letterhead with signed signature.*

\*\*\* *Prorated License Fee - Determined at the time of licensure. There are **two** fees. The application fee and licensing fee. You will be notified by e-mail when your application is complete and provided the amount of the licensing fee.*

- 12) Print completed application and **submit by mail** to the address in the header of this document. The application cannot be received electronically. If application is hand written, any non-legible information can result in the application being returned.  
**DO NOT sign the application until in the presence of a notary.**

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

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

## 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 <https://www.npdb.gov/>
- Look for: "Health Care Professionals, Residents, and Students" on Right.
- Click on: "Self-Query"
- Click on: "Place a Self-Query Order"
- 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 Data Bank 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 be saved as a .pdf file and may be 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 at [help@npdb.hrsa.gov](mailto:help@npdb.hrsa.gov)

**APPLICATION BY EXAMINATION**

I hereby apply for licensure as a  
 Dentist -\$200  Hygienist -\$100  
In the State of Kansas and submit the following as evidence of my qualifications

1. Name    Gender   
(Last) (First) (MI)

2. Home Address      
(Street) City State Zip code

3. Phone  Cell  4. SSN   
(7852223131) (7852223131)

**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 number will be used for identifying you, reporting to the National Practitioner 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.**

5. Previous Name(s)  6. Birth date  7. I am a US citizen   
(MM/DD/YY)

8. Place of Birth  9. E-Mail address

**10. 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?
11. Are any criminal proceedings pending?  If yes, attach documentation.

**12. Education prior to attending dental/dental hygiene school, I graduated from the following College or University**

School  City  State

School  City  State

**13. I obtained my Dental or Dental Hygiene Degree from: College or University**

14. Title of degree earned.  City  State

15. Date of Graduation

16. I have held a Dental / Dental Hygiene license in the following States : State  State  State  State

17. Have you ever failed a Clinical or National examination?

If "yes" provide details.

18. DDS/DMD ONLY. Furnish one (1) letter of recommendation from a dentist or school official. Presented on letterhead with a signed signature.

19. RDH ONLY. Furnish certificate/documentation of Local Anesthesia / Nitrous Oxide.

**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 License even though it is not discovered until after 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 the presence of a notary.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

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

THIS SPACE FOR  
PHOTOGRAPH OF APPLICANT

(Picture cannot be digitally attached to this form)