

# INSTRUCTIONS TO APPLICANTS

You are encouraged to use this as a check off list for information that is required for the reinstatement

1. \_\_\_\_ **FEE:** To reinstate a cancelled license, include a check or money order for **\$200**.
2. \_\_\_\_ Provide evidence (certificates or other proof) of the following schedule of continuing education hours:

	<u>Dentists</u>	<u>Hygienists</u>	
2 years	60 hours	30 hours	<b>Note to Hygienists:</b> The hours listed will not apply if taking a refresher course. The course will provide sufficient continuing education hours.
3 years	70 hours	35 hours	
4 years	80 hours	40 hours	
5 years	100 hours	50 hours	
3. \_\_\_\_ Official verification from all state boards in which you hold or have held a license. A copy of your license **is not** considered to be a verification of your license. You will need to contact each state board and have a certification sent with an official embossed state seal.
4. \_\_\_\_ National Practitioner Data Bank and Health Integrity and Protections Databank Self-Queries. (directions on page 2)
5. \_\_\_\_ Copy of a current BCLS (Basic Cardiac Live Support) Card
6. \_\_\_\_ Once the application is received, you may make arrangements to take the Kansas jurisprudence (JP) exam. 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 or testing center. You will make the arrangements then notify the board of the place/time/date/e-mail address of proctor by e-mail to [vanda.collins@ks.gov](mailto:vanda.collins@ks.gov).
7. \_\_\_\_ License fee. There are two fees - the application fee and licensing fee. Once the application is complete you will be notified by e-mail and given the amount of the licensing fee. The license fee is prorated to the nearest renewal date and varies depending on the month of licensure. The fee is payable with personal check or money order only. If for some reason the application process is not completed the application fee will not be refunded.

Send completed application and fee to: Kansas Dental Board  
Landon State Office Bldg.  
900 SW Jackson, Suite 455-S  
Topeka, KS 66612

**Note:** *It is important to provide an e-mail address.* Communications regarding your application, JP results and license fee information will be primarily done by e-mail to eliminate frequent phone calls.

**Note:** If you are applying to reinstate a revoked license, you must wait 3 years. The fee is \$2,000.00.

*Please 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.*

## National Practitioner Data Bank Report

*The query may be sent electronically as a .pdf file, faxed or mailed*

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-hipdb.gov/](http://www.npdb-hipdb.gov/)
- Look for: "Health Care Professionals, Residents and Students" on the right.
- Click on: "Self Query"
- Click on: "Place a Self-Query Order"
- Read information, check the acknowledgements > Submit & 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 a personal debit or credit card you can process 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 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 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.

Should you have questions pertaining to your self-query call: Data Bank Customer Service at 800-767-6732.

**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)

**APPLICATION FOR  
REINSTATEMENT of DENTAL or  
DENTAL HYGIENE KANSAS LICENSE**

Application fee  
**\$200**  
Payable at time of  
application

If you have previously held a Kansas dental or dental hygiene license in the state of Kansas and the license is no longer active, you will need to apply for "reinstatement" of the license. **Dentists:** If you have not practiced for 5 years or more, you will be required to take a regional clinical exam before you can be reinstated. **Hygienists:** If you have not practiced for 3 or more years, you must either complete a board approved refresher course, or pass a regional clinical exam before you can be reinstated.

Name

Previous names used

SSN  Birthdate

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.

Previous Kansas license #  Original licensing date

Year licensed was canceled

Address

City  State  Zip Code

Telephone  E-mail Address

**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?

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

Have you ever been licensed to practice Dentistry/Dental Hygiene in other states?  If yes, list states.

State  State  State  State

Have you ever failed a clinical exam?  If Yes, give brief reason

Cont'd

Date of current CPR card (required by law for both dentists & hygienists)

Provide practice history information starting with most recent. Dentist must provide five (5) years of practice information; hygienist must provide three (3) years of practice information. Practice history will be verified. You may provide an attachment with this information if necessary.

Name.	<input type="text"/>	Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
Begin Date <i>Month/Year</i>	<input type="text"/>	End Date	<input type="text"/>	Phone	<input type="text"/>		
Name.	<input type="text"/>	Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
Begin Date <i>Month/Year</i>	<input type="text"/>	End Date	<input type="text"/>	Phone	<input type="text"/>		
Name.	<input type="text"/>	Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
Begin Date <i>Month/Year</i>	<input type="text"/>	End Date	<input type="text"/>	Phone	<input type="text"/>		

### NOTICE TO APPLICANT

I, \_\_\_\_\_, the applicant herein, deposes and says that all facts, statements and answers contained in this application are true and correct; I am not omitting any information which might be of value to this Board in determining my qualification 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.

\_\_\_\_\_  
Signature

*Do not sign until in presence  
of Notary.*

**Place Current  
Photograph of Applicant  
Here**

(approximately passport size)

Subscribed and sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_ 20\_\_\_\_\_

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

My Commission Expires: \_\_\_\_\_