

KANSAS DENTAL BOARD

900 SW Jackson, Ste. 455-S, Topeka, KS 66612
785-296-6400 website: www.dental.ks.gov

RETURN TO ACTIVE STATUS

I hereby request to return to active status.
I am a Dentist Hygienist
in the State of Kansas. My license is:

Retired Disabled

This form is to be used if your license status is retired or disabled and you are requesting to be placed back on active status. **Dentists** who have not practiced for 5 years or more will be required to take a regional clinical exam before returning to active status.

Hygienists who have not practiced for 3 years or more will be required to take a regional clinical exam or complete a board approved refresher course.

Disabled Status requires a physician's letter stating you have received sufficient rehabilitation to justify returning to active practice.

Name
First M Last

Ks Lic #. Birth Date SSN

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.

1) Residential Address City

State Zip Code Day Phone

Cell Phone E-mail

2) Approximate date of placing license on retired or disabled status

3) List all states in which you were licensed while on retired status. A state verification with a raised seal is required for each state. A copy of the license is not sufficient.

State State State State

4) The following is the total of continuing education hours needed to re-establish an active status. Send in copies of the completed CE with this form.

	Dentists	Hygienists
Up to 5 years	100 hours	50 hours
4 years	80 hours	40 hours
3 years	70 hours	35 hours
2 years	60 hours	30 hours

5) Current / last practice location address

(Within 3 years for Hygienist and 5 years for Dentist)

Date last practiced Practice Name

City State Zip Code Phone

6) Do any of the following pertain to you while you were in retired or disabled status? If you answer "yes" to one or more of the questions, attach a letter of explanation and pertaining documentation.

- | | |
|--|--------------------------|
| a) Has any adverse judgment, award or settlement been paid in which you were named resulting from a professional liability claim? | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> |
| c) Have you been found guilty or pled no contest to any felony or class A misdemeanor ? | <input type="checkbox"/> |
| d) Do you have an investigation pending with any state licensing board? | <input type="checkbox"/> |

PLACE
A RECENT PHOTOGRAPH OF YOURSELF
IN THIS SPACE

(Use glue or tape)

(Picture cannot be digitally attached to this form)

***This is a notarized document.
Sign ONLY in the presence of a
Notary Public.***

I , the applicant herein, deposes and says that all facts, statements and answers contained in this
Applicant's 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 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.

Applicant's Signature

Date

Subscribed and sworn to before me this _____ day of _____ 20__

Notary Public _____

My Commission expires: _____

INSTRUCTIONS

- 1). Complete, print and have application notarized. Mail to the Kansas Dental Board with copies of required continuing education certificates. Continuing education hours must increase the dentist's or dental hygienist's clinical and theoretical dental knowledge or ability to provide care and treatment to patients to qualify for credit.
- 2). Verification of licenses from states you have been licensed in while maintaining a retired or disabled status are required. Contact each state for verification with a raised seal. A copy of license alone does not qualify as verification of your license. The verification may be mailed directly to the Kansas Dental Board or included with your information in a sealed envelope.
- 3). Full disclosure of any discipline or legal issues that may have occurred while in retired or disabled status is required. An investigation of the issue will determine whether active status will be granted.
- 4). If your license was placed in disabled status, send a letter from your physician stating you have sufficient rehabilitation to return to active practice.
- 5). *Send no money with this application.* License fees are determined by even or odd license numbers and where you would be in the renewal cycle. *Example:* Even number returned to active in even year will be TWO year scale. Even number in odd number year will be ONE year scale. Odd number returned to active in odd year will be TWO year scale. Odd number in even year will be ONE year scale. Renewals start in October to December 1. You will be contacted for the exact amount by email once your request has been approved. Please be sure to provide an e-mail address for communications.

Mail this form to the Kansas Dental Board at 900 SW Jackson, Ste. 455-S, Topeka KS, 66612. If you have questions, you can email Vanda Collins at vanda@dental.ks.gov or call 785-296-6400.