

KANSAS DENTAL BOARD
900 SW Jackson, Ste. 455-S
Topeka, KS 66612

Special Volunteer Dental License Application

785-296-6400 (office)
785-296-3116 (fax)
www.dental.ks.gov

The Special Volunteer Dental License is only for dentists who are retired from active practice and wish to donate their expertise for the dental care and treatment of indigent and underserved persons of the State. There is no application fee, license fee, or renewal fee. There are no continuing education requirements to obtain or renew the license. The license is only issued for a period of up to one year and renewed annually every June 30th of each year. See L. 2012, ch.109, § 4; July 1.

Full Name Birthdate
Current Address License Number
Primary Phone No. SSN Year of Retirement

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.

School of your dental degree Graduation Date
Degree received Have you held a specialty license?
If you answered "yes" to having a specialty, please specify what type.

IF YOUR ANSWER IS "YES" TO ANY OF THE FOLLOWING QUESTIONS (a-d), 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?

List all states in which you have held a dental license State State State State State State

Expiration Date of current CPR card

Please provide a work history for the five year period prior to retirement below (use additional sheets if necessary)

Practice Name & Location
Dates
Practice Name & Location
Dates
Practice Name & Location
Dates

Notice to Applicant

By applying and signing the application for this license you understand and acknowledge: The *special volunteer dental license* will be exclusively and totally devoted to providing dental care to the underserved and indigent persons in Kansas.

You acknowledge and will provide documentation, direct or indirect, if requested that you will not receive or have the expectation to receive any payment or compensation for any dental services rendered under the *special volunteer dental license*.

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 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.

Notary is required.

DO NOT sign until in the presence of notary.

Signature

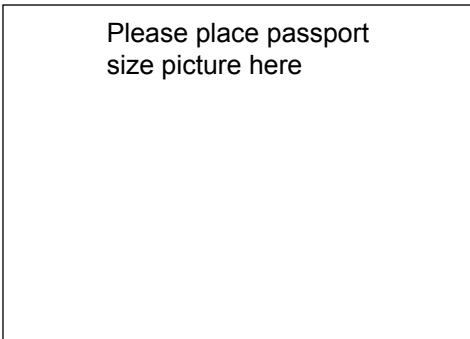
Date

Subscribed and sworn to before this _____ day of _____ 20____

Notary Public _____

My Commission expires: _____

Please place passport
size picture here



The special volunteer license is not restricted to Kansas retirees. It may be obtained from a retired dentist who has held a valid, non-restricted license from any state within the United States or its territories.

Instructions

If you have questions regarding the application process after reading the instructions throughly, call 785-296-6400

1. Complete all questions on the application to the best of your knowledge.
2. Provide official transcripts from the dental school at which the dental degree was received with dental degree posted on transcripts.
3. If a specialty license was held, provide specialty certificate, or proof of specialty license.
4. Provide verifications for "all" states in which a dental license has been held. The verification must come directly from the state with a raised seal. A copy of your dental license is not a verification.
5. Provide a copy of current CPR card. Online CPR courses are not accepted unless there is a hands-on portion to the course.
6. Attach a recent photograph, wallet or passport size to the application in appropriate space provided.
7. Once the application is received, the KS Jurisprudence Exam (JP exam) can be scheduled. It can be taken at any State Dental Board, Dental/Hygiene School or at the Kansas Dental Board. If you wish to take the exam in Topeka at the Kansas Dental Board, call 785-296-6400 or email at vanda@dental.ks.gov to schedule a time at least a week in advance. We schedule Monday through Friday between the hours of 8:30am - 10am and 1pm - 2:30 pm. If you wish to arrange to take the exam elsewhere you must make the arrangements. Contact the board or school where you wish to be tested and 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, email the following information to the Kansas Dental Board:
 1. Place of the examination will be given
 2. Date
 3. Proctor's name and email address

The documents for the exam will be emailed to the proctor prior to the exam. Once the test is given, the proctor should fax it to Kansas Dental Board office at 785-296-3116. We will contact the proctor that the test has been received. At that point the proctor will have the exam shredded. The exam is based upon the Kansas Dental Practices Act, which you can find on our website at www.kansas.gov/kdb. Click on "laws and regulations." You are encouraged to print the document and use it during the exam.

8. Provide a self-query of the National Practitioner Data Bank and the Health Integrity and Protection Databank. These are two separate reports, however they look very similar. Make sure to provide both reports to the board office. Directions are provided on the next page.
9. Print completed application and **submit by mail** to KDB, 900 SW Jackson, Rm. 564-S, Topeka, KS 66612. The application cannot be received electronically. **DO NOT sign the application until in the presence of notary.**

National Practitioner Data Bank and Healthcare Integrity and Protection Databank Reports

The query may be sent electronically or if mailed may take 4-6 weeks

All candidates for special volunteer dental license are required to submit a self-query to the National Practitioner Data Bank/Healthcare Integrity and Protection Data Bank report. The self-query must be completed on the internet. Instructions for accessing the self-query forms are as follows:

- Go to www.npdb-hipdb.hrsa.gov/index.jsp
- Look for "Practitioners" right hand side > Perform a Self-Query
- Click on: Bullet - Perform a Self-Query on an Individual (search on Myself)
- Read then check the acknowledgements > continue
- Print and follow instructions for self-query
- Start with Subject Information and continue with steps shown
- There are two reports. Each cost \$8 for a total of \$16
- The printed report will need to be signed before a notary
- Mail the notarized report to the address they provide - **NOT to the Kansas Dental Board**

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 Dental Board to, vanda@dental.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 and Health Integrity and Protection Databank to the Kansas Dental Board. You may submit a "copy" of the report either by mail, fax or email as described above. Should you have questions pertaining to your self-query call: Data Bank Customer Service at 800-767-6732