

REPORT OF SUPRAGINGIVAL SCALING ASSISTANT

KANSAS DENTAL BOARD
900 SW Jackson, Suite 455-S
Topeka, KS 66612
Phone (785) 296 6400 - Fax (785) 296 3116
www.dental.ks.gov

Per K.A.R. 71-6-5, a nonlicensed person who has received a certificate from a educational entity must send a copy of the certificate to the board and notify the board within 30 days of employment or change in employment of the names and business addresses of all dentists who are employing or supervising the nonlicensed person. It is the primary responsibility of the dentist to notify the board of supragingival scaling assistants employed in their office. By submitting this form you will fulfill the requirement stated above.

Dental Practice Information

Practice Name

Practitioner's Name

Practice address

street city state zip

Supragingival Scaling Assistant Information

Current Name

Previous Name(s)

Yes I have submitted my certificate to the board No I have not submitted my certificate, please find it attached

Current Name

Previous Name(s)

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By checking this box I state that I have provided information that is true and accurate