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STATE OF KANSAS
KANSAS DENTAL BOARD
NAME AND ADDRESS CHANGE FORM

By statute, within 30 days of relocation, dentists must provide the Board with the new practice location address.
By statute, within 30 days of relocation, dental hygienists must provide the Board with the new residence address and business address.

A court document or a copy of a marriage certificate must accompany ► Name changes.

Effective Date Name

I am a License Number

Purpose of sending form List if Other

In the fields below list the RESIDENTIAL information to be updated

Address
Street City State Zip

Cell Number

In the fields below list the PRACTICE information to be updated

Address
Street City State Zip

Practice Telephone Number Fax Number

NAME CHANGE

You may attach a scanned copy of the court document that changes your name or you may fax to 785-296-3116. If you are mailing the information, please print this form and mail the information together.

Prior Name

Current Name

Current E-Mail

Preferred mailing location

Comments