

**KANSAS DENTAL BOARD**  
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**DENTAL AND DENTAL HYGIENE APPLICATION BY RETURN TO ACTIVE**

**PHASE ONE – FULLY COMPLETED APPLICATION PACKET:**

**1. Fully Completed Application Packet.**

An application that is incomplete in any way or folded will not be processed and returned as incomplete.

A dental applicant that has not practiced for five (5) years or more will be required to successfully complete a regional clinical examination before returning to active status.

A dental hygiene applicant that has not practiced for three (3) years or more will be required to successfully complete a refresher course at an approved dental hygiene educational program in Kansas or successfully complete a regional clinical examination before returning to active status. If selecting the refresher course, each dental hygiene applicant is responsible for contacting a dental hygiene educational program in Kansas to arrange for the refresher course.

**2. Application Fee.**

Dentist: No application fee  
Hygienist: No application fee

**3. Delivery Method.**

The application must be fully completed and printed on standard letter paper size, which is 8.5 x 11 inches. Do not fold the application. Enclose the application in an envelope large enough to avoid folding. The Board will not confirm whether an application has been delivered. If you need delivery confirmation, use FedEx, UPS, or certified USPS mail.

**4. Photograph.**

A current photograph, wallet or passport size, shall be securely attached to the application in the space provided with tape or glue only. No staples or paperclips are permitted. The photograph must include the applicant's image only. No pets or loved ones are permitted.

**5. Notary Public.**

The original application must be completed, signed, and notarized in the presence of a notary public after the photograph is attached and prior to delivery to the Board office.

**6. CPR Card (Copy).**

The copy should be provided on standard letter paper size, which is 8.5 x 11 inches. A copy of the CPR card must be enclosed in the original application packet.

**7. Verification of All State Licenses (Original).**

A verification of each state license from each state licensing agency must be enclosed in the original application packet. The verification must have a raised seal and be enclosed in a sealed envelope. If a state's online verification serves a "Primary Source" verification, a printed copy from the website may be submitted. A copy of the state license is not an official verification.

**8. National Practitioner Databank Self-Query.**

A self-query from the National Practitioner Databank (NPDB) must be enclosed in the original application packet. General instructions are as follows:

- [www.npdb.hrsa.gov](http://www.npdb.hrsa.gov)
- For Health Care Professionals
- Place a Self-Query Order
- Start a new order
- Accept the terms > Submit and Continue
- Which type of NPDB search do you need? > Personal
- Start with subject information and continue with all steps required
- Pay the applicable fee
- Print the report and enclose it in the original application packet

**9. Continuing Education Certificates (Copy).**

Each applicant must attach proof of continuing education hours taken in accordance with the following schedule:

<b>Number of Years Applicant Did Not Practice</b>	<b>Dentist</b>	<b>Dental Hygienist</b>
2 years or less	60 hours	30 hours
3 years	80 hours	40 hours
4 years	90 hours	Refresher Course or Clinical Exam
5 years	100 hours	Refresher Course or Clinical Exam

Proof of continuing education hours requires copies of the certificates of each course completed.

**10. Previously Disabled Licensee.**

If your license was previously placed in disabled status, enclose a letter from a currently licensed physician who has examined you within the last three (3) calendar months and can attest that you have received sufficient rehabilitation to justify the return to the practice of dentistry or dental hygiene.

**PHASE TWO – JP EXAM AND LICENSING:**

**1. Jurisprudence Exam (JP Exam).**

The JP Exam is based on the Kansas Dental Practices Act, which is found at no cost under the “Laws” link on the Board’s website. The JP Exam is open book, open laptop, or open tablet, but not open phone.

An application with payment must be received prior to scheduling the exam. You will be notified by e-mail to schedule the exam. The exam may be taken at a dental or dental hygiene school, educational institution, testing center, or local library. The exam must be proctored for 90 minutes. Each applicant must make their own arrangements. Contact the facility and arrange from a date and time at least a week prior to the exam. E-mail your JP Exam location, date, proctor’s name, and proctor’s e-mail to [dental.info@ks.gov](mailto:dental.info@ks.gov). The documents and instructions will be e-mailed to the proctor.

**2. Prorated License Fee.**

The fee is determined at the time of licensure. You will be notified by e-mail when your application is complete. The non-refundable fee is payable by check or money order to the Kansas Dental Board. Credit card, cash, or e-payments are not accepted. This is the only fee. All fees are waived for active military and spouse only with a copy of military orders. The Board will not confirm whether a fee has been delivered. If you need delivery confirmation, use FedEx, UPS, or certified USPS mail.

Dentist

Hygienist

## Application by Return to Active

Full Name

Home Address

Cell Phone

SSN

Gender

Prior Name(s)

DOB

U.S. Citizen?

Place of Birth

E-Mail Address

**If your answer is "YES" to any of the following questions, you are required to attach documentation and a complete explanation:**

Has any adverse judgment, award, or settlement been paid in which you were named resulting from a professional liability claim?

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?

Have you been found guilty or plead no contest to any felony or misdemeanor?

Have you suffered from, or been diagnosed with, any impairment that could affect your ability to practice safely?

Do you have an investigation pending with any state licensing board?

Are any criminal proceedings against you currently pending?

**Prior to attending dental or dental hygiene school, I graduated from the following college or university:**

School City State

School City State

**I obtained my dental or dental hygiene degree from:**

School City State

Title of degree earned Date of graduation

**I have held a dental or dental hygiene degree in the following states:**

**Have you ever failed a clinical or national examination?**

If "Yes," provide details

**If known, Kansas license number and approximate year of retirement.**

**I have attached proof of continuing education hours in accordance with the instructions.**

**I am a dentist and have worked during the five (5) years immediately preceding the date of application.**

**I am a dental hygienist and have worked during the three (3) years immediately preceding the date of application.**

I, \_\_\_\_\_, the applicant herein, deposes and states that all facts, statements, representations, and answers contained in this application are true and correct; I am not omitting any information that 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 Board and such falsifications, omissions, or withholding shall serve as sufficient grounds for the suspension, cancellation, or revocation of my Kansas dental or dental hygiene license even though it is not discovered until after issuance.

I hereby given 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 or dental hygiene in Kansas, I will respectfully comply with the law governing the practice of dentistry or dental hygiene in this State and will do my best to uphold and maintain the ethics of the profession.

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Signature

Date

Subscribed and sworn to before this \_\_\_\_\_  
day of \_\_\_\_\_ 20\_\_\_\_\_  
Notary Public \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

Attach applicant's picture  
in the box above with tape  
or glue only. No paperclips  
or staples.