BIENNIAL LICENSE RENEWAL APPLICATION

Kansas Dental Board

Kansas Dental Board
900 SW Jackson, Suite 455-S
Topeka, KS 66612
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E-Mail: dental.info@ks.gov
www.dental.ks.gov

Renewal dates are determined by license number. Even number licenses renew in even number years. Odd number licenses renew in odd number years. This renewal form is for both dentists and hygienists. The renewal form must be completed, printed, and mailed in with the appropriate renewal fee. The renewal fee is $275 for active dentists and $125 for active hygienists. There is no renewal fee for retirees. Fees may only be paid with check or money order made payable to the Kansas Dental Board.

PERSONAL INFORMATION

Full Name

E-mail Address

DDS, DMD, or RDH

License Number

Date of Birth

Are you Active Military? If "yes," all fees and CE are waived with a copy of current military orders.

Practice Status (e.g., Active, Retired, Disabled, Cancel)

Practice Type (e.g., General Dentist, Specialty, Hygiene)

RESIDENTIAL INFORMATION

Street Address

City

State

Zip Code

Phone Number

PRIMARY PRACTICE INFORMATION

Street Address

City

State

Zip Code

Phone Number

ADDITIONAL PRACTICE INFORMATION (Add Extra Sheets as Necessary)

Street Address

City

State

Zip Code

Phone Number

CONTINUING EDUCATION HOURS AND CPR INFORMATION

Hygienists are required to have 30 hours, including 1 hour of ethics, starting December 1 of the last renewal or 15 hours for the first renewal. Dentists are required to have 60 hours, including 2 hours of ethics, starting December 1 of the last renewal or 30 hours for the first renewal. If a dentist is a specialist, 40 hours must be in the specialty. All licensees must also have a valid CPR card, which may be counted as 4 hours.

Continuing Education Affirmation

☐ I have completed the required continuing education hours, including ethics, prior to my renewal date and will be able to provide proof if chosen for a random audit.

☐ I have not completed the required continuing education hours and my renewal will not be processed until completed.

CPR Expiration

CPR Provider (e.g., AHA, Red Cross)

PROFESSIONAL LIABILITY INSURANCE INFORMATION (DENTISTS ONLY)

If you are rendering professional services as a dentist in Kansas, do you maintain professional liability insurance? (K.S.A. 65-1468)

Malpractice Affirmation

☐ YES - I render professional services as a dentist in Kansas and maintain professional liability insurance.

☐ NO - I do not render professional services as a dentist in Kansas.

EXTENDED CARE PERMIT INFORMATION (HYGIENISTS ONLY)

Extended Care Permit Affirmation

☐ YES - I have an ECP I, II, or III and maintain professional liability insurance.

☐ NO - I do not have an ECP I, II, or III.

Sponsoring Dentist's Name and License Number

LEGAL INFORMATION

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

1. Has any adverse judgment, award, or settlement been paid in which you were named resulting from a professional liability claim since your last renewal?

2. 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 to practice in any state since your last renewal?

3. Have you been found guilty or pled no contest to any felony or misdemeanor since your last renewal?

4. Have you suffered from, or been diagnosed with, any impairment which would affect your ability to safely practice since your last renewal?

5. Do you have an investigation pending with any state licensing board since your last renewal?

SUPRAGINGIVAL SCALING ASSISTANT INFORMATION (DENTISTS ONLY)

Supragingival Scaling Assistant Names

SIGNATURE AND MAILING PREFERENCE

I have carefully read the questions in the foregoing renewal application and have answered them truthfully, fully, and completely. I declare under penalty of perjury that the foregoing is true and correct.

Signature

Date

Preferred Mailing Address (Residential or Primary Practice)