

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

EXTENDED CARE PERMIT CHANGE OF SPONSORING DENTIST

REGISTERED DENTAL HYGIENIST

Name

Phone

License
Number

ECP Number

Home Address

City

State

Zip

I attest that all statements on this form are true and correct and that I will work in accordance with K.S.A. 65-1456 and amendments thereto.

Signature

Date

NEW SPONSORING DENTIST

Name & License
Number

Phone

Office Address

City

State

Zip

I have agreed to sponsor the above-named dental hygienist and I will work in accordance with K.S.A. 65-1456 and amendments thereto.

Signature

Date