

**Dental and Dental Hygiene
Requirements for Application by
EXAMINATION**

- 1) Have graduated from an ADA approved school in the United States, Canada, or Puerto Rico.
- 2) Recent photograph, wallet or passport size. The photo must be attached to application with tape or glue. *No staples please*
- 3) National Board passing scores (copy). The National Board exam results are now only available online. It is the responsibility of the applicant to ensure the Dental Board is provided a copy of the results. The results can be mailed, e-mailed or faxed.
- 4) Clinical Board passing scores (copy). Accept CRDTS, SRTA, NERB, WREB, CITA, ADEX and State Boards.
- 5) Original Transcript with dental/dental hygiene degree awarded - must be sent directly to Kansas Dental Board office from the Registrar's Office in a sealed envelope or sent electronically from the University or College.
- 6) Current CPR card. (copy)
- 7) Verification of **all state licenses** held (Current or Expired). The verification must be received by the Board in a sealed envelope with an embossed seal. *Exception:* If states online verification is "Prime Source" verification a printed verification from website may be submitted. A copy of a license is NOT a verification of license.
- 8) Provide a self-query from the National Practitioner Data Bank. This is one report. Instructions to acquire the report are on the second page.
- 9) Completed Application, signed and notarized with photograph attached.
- 10) KS Jurisprudence Exam. Application must be received with payment prior to scheduling the exam. You will be notified by e-mail to schedule the exam. The exam can be taken at any State Dental Board, Dental/Hygiene School, testing center or library. The exam is offered at the Board office by appointment only.
To schedule the exam at the Kansas Dental Board, call 785-296-6400 or e-mail at vanda.collins@ks.gov at least a week in advance. The exam is offered Monday through Friday between the hours of 9 a.m. - 11 am and 1 p.m. - 3 p.m.

Proctoring the exam. You must make the arrangements. Contact the facility where you wish to be tested; ask if someone is willing to proctor the exam for you. Schedule a date and time with the proctor at least a week prior to the exam. E-mail the following information using the above email address:

1. Place where the examination will be given
2. Date and location
3. Proctor's name and e-mail address

The documents and instructions for the exam will be e-mailed to the proctor prior to the exam. Once the test is given, the proctor will fax, e-mail or mail the completed exam to the KDB office. The exam is based upon the Kansas Dental Practices Act. You can find the act on our website at www.dental.ks.gov and click on "laws." You are encouraged to print the document or download it on your electronic device for use during the exam.

11) Hygienist Only

- Local Anesthesia Certificate and/or Nitrous Oxide Certificate (if applicable)

Dentist Only

- One recommendation letter from a licensed dentist. *The letter must be presented on letterhead with signed signature.*

- 12) Print completed application and **submit by mail** to the address in the header of this document. The application cannot be received electronically. If application is hand written, any non-legible information can result in the application being returned.
DO NOT sign the application until in the presence of a notary.

13. *Fees. There are **two** fees. The Application Fee shown at the top of the page and a Prorated License Fee - Determined at the time of licensure. You will be notified by e-mail when your application is complete and provided the amount of the licensing fee. Both fees are payable to the Kansas Dental Board with a personal check or money order ONLY.*

Military applicants. Fees are waived for active military and/or spouse. Provide copies of military orders or military ID to verify status.

NOTE: Allow 7-10 Business days for your application to be processed. If you wish to have a confirmation that your application has been received, you are encouraged to use a delivery service that provides delivery confirmation.

NOTE: *If for any reason the application process is not completed, the application fee is non-refundable.*

National Practitioner Data Bank Report

All candidates for dental or dental hygiene licensure are required to self-query the National Practitioner Data Bank. The self-query must be completed on the internet. Instructions for accessing the self-query form are as follows:

- Go to <https://www.npdb.gov/>
- Look for: "Health Care Professionals, Residents, and Students" on Right.
- Click on: "Self-Query"
- Click on: "Place a Self-Query Order"
- Read information, then check the acknowledgements > Submit and Continue
- Check "Personal"
- Start with Subject Information and continue with steps shown
- There is one report. The cost is \$5.00.
- If you are using your personal debit or credit card you can proceed with a self verification process and you will receive your report within a few minutes via e-mail.
- If you do not choose the self verification process, you will need to complete the information, then print the form, have the form notarized and mailed to The Data Bank at the address they will provide.

After processing the self-query, the Data Bank sends an e-mail alerting the practitioner that the self-query response is available for online viewing. *The report may be saved as a .pdf file and may be forwarded to the Kansas Dental Board at vanda.collins@ks.gov.* In addition to the electronic response, you will receive a paper copy, if you have elected to do so.

Provide the self-query report of the National Practitioner Data Bank to the Kansas Dental Board. You may submit a "copy" of the report either by mail, fax, or e-mail as described above. Should you have questions pertaining to your self-query call: Data Bank Customer Service at 800-767-6732 or e-mail at help@npdb.hrsa.gov.

KANSAS DENTAL BOARD

900 SW Jackson, Ste. 455-S,

Topeka, KS 66612

785-296-6400

website: www.dental.ks.gov

NOTICE TO APPLICANT

I, , the applicant herein, deposes and says that all facts, statements and answers contained in this

(Applicants name)

application are true and correct; I am not omitting any information which 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 Kansas Dental Board and such falsifications, omissions, or withholding shall serve as sufficient grounds for the suspension, cancellation or revocation of my Kansas Dental/Hygiene License even though it is not discovered until after issuance.

I hereby give 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/Dental Hygiene in Kansas I will respectfully comply with the law governing the practice of Dentistry/Dental Hygiene in this State and will do my best to uphold and maintain the ethics of the profession.

A Notary is required. DO NOT sign until in the presence of a notary.

Signature

Date

Subscribed and sworn to before this _____ day of _____ 20____

Notary Public _____

My Commission expires: _____

THIS SPACE FOR
PHOTOGRAPH OF APPLICANT

(Picture cannot be digitally attached to this form)

Attach picture with tape or glue. No
staples please.