

KANSAS DENTAL BOARD

900 SW Jackson, Suite 455-S
Topeka, KS 66612
785-296-6400
website www.dental.ks.gov

APPLICATION FOR SPECIALTY DENTAL LICENSE

Application fee
\$200
Payable at time of
application

Kansas Dental License Number

SSN

You are required to provide your social security number as part of this application pursuant to 42 U.S.C. § 666(a)(13) and K.S.A. 74-148. Your social security will be used for identifying you, reporting to the National Practitioner Data Bank or Healthcare Integrity and Protection Data Bank and will be provided to the Kansas Department of Revenue pursuant to K.S.A. 74-139 and Kansas Social Rehabilitation Services pursuant to K.S.A. 74-148 and 39-758.

Name

Address

City

State

Zip Code

Telephone

Birth date

Which Specialty are you applying for?

Are you a Diplomate of an American Board?

Which Board?

What Year?

How many years have you devoted to Dentistry?

Detail the graduate training you have received.
attach certifications

Do you teach or have you taught in a dental or medical school?

Subject(s)
Taught

Name of School?

Present Hospital Appointments

Names of Hospitals & your position on staff

List Specialty Associations in which you are a member.

List names of Professional Organizations in which you hold membership.

What Dental Society meeting programs have you participated in during the last 5 years?
(attach additional sheet if necessary)

List research work in which you engaged.
(subjects and findings)

Since being licensed as a dentist in Kansas have you been charged with a felony or misdemeanor?

If "Yes" explain briefly
(attach additional sheet if needed)

NOTICE TO APPLICANT

KANSAS DENTAL BOARD

900 SW Jackson, Suite 455-S, Topeka, KS 66612
785-296-6400 website www.dental.ks.gov

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 Licensure even though it is not discovered until after the 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 presence of notary.

Signature *Date*

Subscribed and sworn to before me this _____ day of _____ 20__

Notary Public _____

My Commission expires: _____

Passport size of larger

ATTACH PHOTOGRAPH OF
APPLICANT IN THIS SPACE

(Picture cannot be digitally
attached to this form)

KANSAS DENTAL BOARD

900 SW Jackson, Suite 455-S, Topeka, KS 66612
785-296-6400 website www.dental.ks.gov

To be licensed in Kansas as a specialist, the applicant must first be licensed in Kansas as a general dentist. The license must be active and in good standing with the Kansas Dental Board. Each application will be submitted to the appropriate specialty committee for review and approval. No specialty will be granted without the approval of committee members in the specialty in which applicant has specified. An applicant may request by a written letter the waiver of testing by the specialty committee if applicant can show just cause for waiver.

INSTRUCTIONS FOR DENTAL SPECIALTY APPLICATION

It is suggested that the instructions be used as a check off list to ensure the application is submitted correctly

- 1) Completed application for "dental specialty".
- 2) Submit application fee of \$200 with application.
- 3) Submit either a original transcript showing completion of specialty program or a certificate of the postgraduate program and a letter from the department head stating that applicant has completed the specialty program.
- 4) Submit (1) letter of recommendation from a practicing dentist.

******NOTE:** If you are an applicant for *Orthodontic Specialty* and *Pediatric Specialty* you will need to submit (2) letters of recommendation. This provision is required by the members of the Orthodontic Specialty and Pediatric Specialty committee members and board approved.

- 5) Submit a letter or certificate of passing American Specialty Board Exam. If you have not taken the specialty exam, specialty committee members will test individually exam applicants.

******NOTE:** If you are an applicant for *Orthodontic Specialty*, *Pediatric Specialty* or *Periodontic Specialty* you will need to have successfully completed the written exam administered by the American Board for the specialty. This is a requirement set by the Orthodontic, Pediatric and Periodontic specialty committee members and board approved.

- 6) Attach a recent passport size picture to the application.
- 7) Have the application signed in the presence of notary and notarized.