

900 SW Jackson, Suite 455-S  
Topeka, KS 66612  
785-296-6400 office  
785-296-3116 fax

**KANSAS DENTAL BOARD  
APPLICATION FOR DENTAL HYGIENE  
EXTENDED CARE PERMIT I (ECP I)**

**\$5 fee. Payable with  
check or money order**

An ECP I may be granted if the dental hygienist: (1) Has performed 1,200 hours of dental hygiene care within the past three years or has been an instructor at an accredited dental hygiene program for two academic years within the past three years; (2) shows proof of professional liability insurance; and (3) is sponsored by a dentist licensed in the state of Kansas, including a signed agreement stating that the dentist shall not monitor more than five dental hygienists with an extended care permit. See K.S.A. 65-1456 and amendments thereto.

**Hygiene Applicant Information:**

Full Name  License Number   
Mailing address   
Day time phone  Current email

**Sponsoring Dentist Information:**

Full Name  License Number   
Office Address   
Office phone  Fax  Current email

**Professional Liability Insurance Carrier Information:**

Name of Carrier  Professional Liability Insurance No.

**Required Documentation:**

1. Verification letters from employers where you have performed the 1,200 hours of dental hygiene within the past three years or verification letters from accredited dental hygiene programs where you have been an instructor for two academic years within the past three years.
2. Proof of professional liability insurance.

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.

\_\_\_\_\_  
*Hygienist signature*

\_\_\_\_\_  
*Date*

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.

\_\_\_\_\_  
*Sponsoring Dentist signature*

\_\_\_\_\_  
*Date*

Once your application has been approved, you will be issued a new license card with your ECP designation.

Send the application, attachments, and a \$5.00 check or money order made payable to the Kansas Dental Board to:

**Kansas Dental Board  
900 SW Jackson, Room 455-S  
Topeka, KS 66612**