Request for Listing(s) of Licensees

KANSAS DENTAL BOARD
900 SW Jackson, Suite 455-S
Topeka, KS 66612-1230
Phone (785) 296-6400

It is the policy of the Kansas Dental Board to create lists using information in the Board’s computer database and make them available upon written request. The Board requires payment before processing the request and signature of the non-disclosure statement below. Make checks payable to Kansas Dental Board

Lists can be provided in MicroSoft Excel format, printed on 8.5 x 11 inch paper or printed on self-adhesive labels. Excel files will be e-mailed so please print e-mail address clearly.

Please check the list(s) you are requesting:

<table>
<thead>
<tr>
<th>List Type</th>
<th>Excel</th>
<th>Printed</th>
<th>Labels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Dentist List</td>
<td>$10.00</td>
<td>$15.00</td>
<td>$20.00</td>
</tr>
<tr>
<td>Standard Hygienist List</td>
<td>$10.00</td>
<td>$15.00</td>
<td>$20.00</td>
</tr>
<tr>
<td>Custom Dentist List</td>
<td>$25.00</td>
<td>$30.00</td>
<td>$35.00</td>
</tr>
<tr>
<td>Custom Hygienist List</td>
<td>$25.00</td>
<td>$30.00</td>
<td>$35.00</td>
</tr>
</tbody>
</table>

Total _______________________________ _______________________________ _______________________________

(1) A “standard” query for dentists and hygienists includes: License Number, Last Name, First Name, Middle Initial, Mailing Address, Date of Original License Issue and Expiration. The list will contain “active” status licensee’s in all states in which they reside.

(2) “Custom” requests for dentists and hygienists assume one hour of staff time to build the database query and check for accuracy. Additional time will be billed at $3.00 per 15-minute increment. Please be specific as to the information you are requesting.

**E-mail addresses and birth dates of our licensee’s are not provided as a part of any listing.**

If requesting a “custom” report, please indicate all additional information desired:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

I hereby certify that neither the undersigned nor any person authorized by the undersigned intends to and will not (a) use any list of names or addresses contained in or derived from the records of information for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; or (b) sell, give or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed. K.S.A. 45-220. Violation of this provision is a criminal misdemeanor. K.S.A. 21-3914.

Signature ___________________________________________ Address (Please Print) _______________________________

Name (Please Print) ___________________________________________ City, State, Zip Code (Please Print) ________________

Email address (Please Print Clearly) ____________________________ (Phone Number) ____________________________

Revised 10/14