

# KANSAS DENTAL BOARD

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

\$20.00 fee payable  
by check or money  
order only

## Request for Verification of Kansas License

Complete this form to have your Kansas license verified to another state or entity. A standard verification of license will include: License number, original and expiration date of license, status, mailing address, date of birth, clinical / national / jurisprudence exam information, school and degree obtained, graduation date, and discipline, if any.

Submit this form and \$20.00 fee, payable by personal check or money order per verification requested to:

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

### ***Licensee Information***

Full Name	<input type="text"/>	Profession/Title	<input type="text"/>
License No.	<input type="text"/>	Phone No.	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>

### ***Where you would like the verification letter mailed?***

State Board	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>

Special  
Directions

\_\_\_\_\_  
*Signature of person requesting verification*

For Office Use Only: Check # \_\_\_\_\_

Date mailed: \_\_\_\_\_