

**REGISTRATION FORM FOR MOBILE DENTAL FACILITY OR PORTABLE DENTAL OPERATION**

(Pursuant to K.S.A. 65-1469 and K.A.R. 71-8-1 through 71-8-9)

All information requested in this registration form must be supplied by the applicant  
ANY OMISSIONS OR INACCURACIES ARE GROUNDS FOR DENIAL

*Renewal of your Mobile Dentistry registration will be prior to March 1 of even-numbered years*

Owner/Operator must have an active Kansas dental license and maintain a business mailing address and telephone number of record for each mobile facility.

First Name  Initial  Last Name   
Address  City  State  Zip   
Phone #

**Required Additional Information to Submit with Registration Form:**

- A copy of the written procedure for emergency follow-up care. The procedure should include arrangements for treatment in a health care facility that is permanently established in the area where services were provided.
- A copy of all consent forms provided to the patients/parents.
- A copy of the information sheet provided to patients after your visit.
- Include the \$500 non-refundable registration fee made payable to the Kansas Dental Board.

**List all Dentists and Hygienists Practicing for the Facility/Operation Below:**

*(Dentists only need provide an emergency telephone number.)*

*(Dentist Only)*

Name	<input type="text"/>	Title	<input type="text"/>	License #	<input type="text"/>	Emergency Tel #	<input type="text"/>
Name	<input type="text"/>	Title	<input type="text"/>	License #	<input type="text"/>	Emergency Tel #	<input type="text"/>
Name	<input type="text"/>	Title	<input type="text"/>	License #	<input type="text"/>	Emergency Tel #	<input type="text"/>
Name	<input type="text"/>	Title	<input type="text"/>	License #	<input type="text"/>	Emergency Tel #	<input type="text"/>
Name	<input type="text"/>	Title	<input type="text"/>	License #	<input type="text"/>	Emergency Tel #	<input type="text"/>
Name	<input type="text"/>	Title	<input type="text"/>	License #	<input type="text"/>	Emergency Tel #	<input type="text"/>

As the owner/operator I agree:

- The facility has communication facilities that will enable the operator to contact necessary parties in the event of a medical/dental emergency.
- The facility complies with all regulations applicable to a stationary dental office.
- To provide a list of treatment locations for a continuous period of 15-30 days when requested by the dental board inspector.

*I am a dentist with an active Kansas license and the owner/operator of a mobile dental facility or portable dental operation. I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely. I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dentist signature