

KANSAS DENTAL BOARD
900 SW JACKSON, SUITE 455-S
TOPEKA, KS 66612

TEL: 785-296-6400
E-MAIL: dental.info@ks.gov
WEB: www.dental.ks.gov

DENTAL SPECIALTY APPLICATION

1. Fully Completed Application Packet.

An application that is missing the application fee, incomplete in any way, or folded will not be processed and returned as incomplete.

2. Application Fee.

Dentist: \$200

The non-refundable fee is payable by check or money order to the Kansas Dental Board. Credit card, cash, or e-payments are not accepted. All fees are waived for active military and spouse only with a copy of military orders.

3. Delivery Method.

The application must be fully completed and printed on standard letter paper size, which is 8.5 x 11 inches. Do not fold the application. Enclose the application in an envelope large enough to avoid folding. The Board will not confirm whether an application has been delivered. If you need delivery confirmation, use FedEx, UPS, or certified USPS mail.

4. Photograph.

A current photograph, wallet or passport size, shall be securely attached to the application in the space provided with tape or glue only. No staples or paperclips are permitted. The photograph must include the applicant's image only. No pets or loved ones are permitted.

5. Notary Public.

The original application must be completed, signed, and notarized in the presence of a notary public after the photograph is attached and prior to delivery to the Board office.

6. Residency Transcript or Certificate of Residency Program and Letter from Department Head (Copy).

The application must contain a copy for either of the following: (a) Residency program transcript; or (b) both the certificate of the residency program and a letter from the department head stating that the applicant has completed the specialty program.

7. American Specialty Board Exam Letter or Official E-Mail (Copy).

The results must clearly show the applicant's name, a passing score, and the American Specialty Board issuing the letter or official e-mail. A copy of the American Specialty Board Exam letter or official e-mail must be enclosed in the original application packet. Successful completion of the written examination of the American Specialty Board is a prerequisite to applying for a specialty license.

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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)