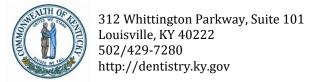
Fee	Date
Inspected by	
Certificate number	
Date Issued	

FOR KBD USE ONLY

Kentucky Board of Dentistry



APPLICATION FOR SEDATION OR ANESTHESIA FACILITY CERTIFICATE

Please print in ink or type your responses. List your name as it appears on your license. **Section 1. Must be completed by ALL applicants.**

Owner Operator Name	Last/Suffix	First		Middle
icense Number of Dentist _	(if applicable	e)		
	Business Name	Number & Street PO Boxes Not Acceptable		
City	State	ZIP	KY County	Phone #
applying for Minimal Pe	ediatric Sedation Facility Certi	ficate		
☐ Moderate	Enteral Sedation Permit Facili	ty Certificate		
☐ Moderate	Parenteral Sedation Permit Fa	acility Certificate		
☐ Moderate	Pediatric Sedation Permit Fac	ility Certificate		
☐ Deep Seda	ition or General Anesthesia Pe	ermit Facility Certifica	te	
	entucky Board of Dentistry to 550 Section 13.	•	•	e inspector on the date
☐ 201 KAR 8::	entucky Board of Dentistry to	schedule an inspect	ion.)	
☐ 201 KAR 8:: ignature of the Inspector: Section 3. Fee for Application You must submit a check or Section 4. Affadavit. Must be	entucky Board of Dentistry to 550 Section 13. In for Sedation or Anesthesia or money order made out to the Kore completed by ALL applicants	Facility Certificate entucky Board of Dentis	Date:stry for the amount of \$25	0.00
ignature of the Inspector: section 3. Fee for Application You must submit a check or section 4. Affadavit. Must be hereby certify that the above fa	sentucky Board of Dentistry to 550 Section 13. In for Sedation or Anesthesia or money order made out to the Kore completed by ALL applicants acts are true and I agree to abide	Facility Certificate entucky Board of Dentis	Date:stry for the amount of \$25	0.00
□ 201 KAR 8:: ignature of the Inspector: ection 3. Fee for Application You must submit a check or ection 4. Affadavit. Must be thereby certify that the above farmy future amendments to said that of	entucky Board of Dentistry to 550 Section 13. In for Sedation or Anesthesia or money order made out to the Kore completed by ALL applicants acts are true and I agree to abide rules and regulations.	Facility Certificate entucky Board of Dentis	Date:stry for the amount of \$250	0.00
☐ 201 KAR 8:: ignature of the Inspector: Section 3. Fee for Application You must submit a check or Section 4. Affadavit. Must be	entucky Board of Dentistry to 550 Section 13. In for Sedation or Anesthesia or money order made out to the Kore completed by ALL applicants acts are true and I agree to abide rules and regulations.	Facility Certificate entucky Board of Dentis s. by the rules and regula	Date:stry for the amount of \$250	0.00
□ 201 KAR 8: ignature of the Inspector: ection 3. Fee for Application You must submit a check or ection 4. Affadavit. Must be hereby certify that the above fa ny future amendments to said a tate of county of	entucky Board of Dentistry to 550 Section 13. In for Sedation or Anesthesia or money order made out to the Kore completed by ALL applicants acts are true and I agree to abide rules and regulations.	Facility Certificate entucky Board of Dentis s. by the rules and regula Applicant's signatu	Date:stry for the amount of \$250 tions set by the Kentucky E	0.00 Board of Dentistry including
□ 201 KAR 8: ignature of the Inspector: ection 3. Fee for Application You must submit a check or ection 4. Affadavit. Must be hereby certify that the above fa ny future amendments to said a tate of county of	entucky Board of Dentistry to 550 Section 13. In for Sedation or Anesthesia or money order made out to the Kore completed by ALL applicants acts are true and I agree to abide rules and regulations.	Facility Certificate entucky Board of Dentis s. by the rules and regula Applicant's signatu	Date:stry for the amount of \$250 tions set by the Kentucky E	0.00 Board of Dentistry includin

RETURN YOUR COMPLETED APPLICATION, NON-REFUNDABLE FEE, AND SUPPORTING DOCUMENTATIONS TO THE ADDRESS ABOVE.