THE KANSAS DENTAL BOARD
900 SW Jackson, Room 564-S
Topeka, KS 66612
Phone: 785-296-6400
Fax: 785-296-3116

APPLICATION FOR CERTIFICATE

The undersigned hereby submits an application to the Kansas Dental Board for a certificate pursuant to K.S.A. 17-7608 (Limited Liability Companies) or K.S.A. 17-2709 (Professional Association). As part of such request, the undersigned submits the following information:

1. Name of the (Proposed/Existing) Limited Liability Company or Professional Association formed to practice dentistry:

   _____

2. A true and correct copy of the Articles of Organization of the proposed or existing Limited Liability Company or the Articles of Incorporation of the proposed or existing Professional Association is attached hereto.

3. Names and licensing information of each member of the Limited Liability Company or Professional Association. (Use an additional sheet if necessary.)

Member's Name	License No.	Date of Licensure
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATION:

I, the undersigned, have signed this application on behalf of the proposed Limited Liability Company or Professional Association named in Item No. 1 above, and hereby certify that I am licensed to practice dentistry in Kansas, that I am or will be a member of the proposed Limited Liability Company or Professional Association, and that all information provided as part of this application is true and correct.

_____DDS	_____DDS	_____
Print Name	Signature	Date

PLEASE INCLUDE THE $2.00 PER PERSON FEE PAYABLE TO: KANSAS DENTAL BOARD