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KANSAS DENTAL BOARD

KATHLEEN SEBELIUS, GOVERNOR

APPLICATION FOR REGISTRATION FOR A MOBILE DENTAL FACILITY OR PORTABLE DENTAL OPERATION

Pursuant to KSA 65-1469 and K.A.R. 71-8-1 through 71-8-9

All information requested in this application must be supplied by the applicant. **ANY OMISSIONS OR INACCURACIES ARE GROUNDS FOR DENIAL.**

Include the non-refundable registration fee per mobile facility: \$500.00
Personal check, money order or Discover –Payable to: “Kansas Dental Board”
Biennial renewal fee per facility/operation: \$350.00

OFFICE USE ONLY	
Date Filed: _____	Fee Paid: _____
Approval: Yes _____	No _____
Registration No.: _____	
Issued date: _____	

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

Each operator of the mobile dental facility shall maintain a business or mailing address and a telephone number of record for each mobile facility. The operator shall notify the board within 30 days of any change in the address or telephone number of record.

Owner/operator Name (Must have an active Kansas dental license)			
Print _____		license number _____	
Address of Record (must also be location of patient and billing records)			
_____, KS _____		_____	
Number and Street _____	City _____	Zip _____	
Telephone Number _____			

As the owner, 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.

REQUIRED ATTACHMENTS:

1. Attach 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.
2. Attach a copy of all consent forms provided to the patients/parents.
3. Attach a copy of the information sheet provided to patients after your visit.
4. Attach any advertisements currently in use by your facility.

