

KANSAS DENTAL BOARD

900 SW Jackson, Suite. 455-S, Topeka, KS 66612
Ph. 785-296-6400 Fax: 785-296-3116
website: www.dental.ks.gov e-mail: vanda@dental.ks.gov

This form can not be submitted online. It must be printed and mailed in with payment

Request for Verification of Kansas License

Complete this form to have your Kansas license verified to another state or entity. A standard verification of license will include: license number, original and expiration date of license, status, mailing address, date of birth, clinical / national / jurisprudence exam information, school and degree obtained, graduation date, and discipline, if any.

Submit this form and \$20.00 fee, payable by personal check or money order per verification requested to:

Kansas Dental Board
900 SW Jackson, Suite 455-S
Topeka, KS 66612

Licensee Information

Full Name: Profession/Title

License No.

Address Phone No.

City State Zip

Where you would like the verification letter mailed?

State or Name of Entity

Address

City State Zip

Special
Instructions

Signature of person requesting verification

For Office Use Only: Check # _____

Date mailed: _____