900 SW Jackson, Suite 455-S
Topeka, KS 66612
785-296-6400 phone
785-296-3116 fax
vanda@dental.ks.gov

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To send directly to the Kansas Dental Board use the submit by email button

STATE OF KANSAS
KANSAS DENTAL BOARD
NAME AND ADDRESS CHANGE FORM

By statute, within 30 days of relocation, dentists must provide the Board with the new practice location address.

By statute, within 30 days of relocation, dental hygienists must provide the Board with the new residence address and/or business address and employer.

A court document or a copy of a marriage certificate must accompany ►Name changes.

Date this change is effecitive _____ Name _____

I am a _____ License Number _____

Purpose of sending form _____ List if Other _____

In the fields below list the RESIDENTIAL information to be updated

Address _____
Street City State Zip

Home Number _____ Cell Number _____

In the fields below list the PRACTICE information to be updated

Address _____
Street City State Zip

Practice Telephone Number _____ Fax Number _____

Hours worked _____ Per weeks a year _____

NAME CHANGE

You may attach a scanned copy of the court document that changes your name or you may fax to 785-296-3116. If you are mailing the information, please print this form and mail information together.

Prior Name _____

Current Name _____

Current email _____

The KDB newsletter is only sent electronically. To recieve the newsletter an email address is required.

Perferred mailing location _____

Comments _____

Revised 10.14