

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

**KANSAS DENTAL BOARD
APPLICATION FOR DENTAL HYGIENE
EXTENDED CARE PERMIT III (ECP III)**

**\$5 fee payable with
check or money order
only**

An ECP III may be granted if the dental hygienist: (1) Has performed 2,000 hours of dental hygiene care within the past three years or has been an instructor at an accredited dental hygiene program for three academic years within the past four years; (2) completed a course of study of 18 seat hours approved by the Board which includes, but is not limited to, emergency dental care techniques, the preparation and placement of temporary restorations, the adjustment of dental care techniques, and appropriate pharmacology; (3) shows proof of professional liability insurance; and (4) is sponsored by a dentist licensed in the state of Kansas, including a signed agreement stating that the dentist shall not monitor more than five dental hygienists with an extended care permit. See K.S.A. 65-1456 and amendments thereto.

Hygiene Applicant Information:

Full Name License Number
Street address City State Zip
Day time phone Current email

Sponsoring Dentist Information:

Full Name License Number
Office Address Suite # City State Zip
Office phone Fax Current email

Professional Liability Insurance Carrier Information:

Name of Carrier Professional Liability Insurance No.

Required Documentation:

1. Verification letters from employers where you have performed the 2,000 hours of dental hygiene within the past three years or verification letters from accredited dental hygiene programs where you have been an instructor for three academic years within the past four years.
2. Proof of professional liability insurance.
3. Certificates or other proof showing completion of a course of study of 18 seat hours approved by the Board which includes, but is not limited to, emergency dental care techniques, the preparation and placement of temporary restorations, the adjustment of dental prostheses, and appropriate pharmacology.

I attest that all statements on this form are true and correct and that I will work in accordance with K.S.A. 65-1456 and amendments thereto.

Hygienist signature

Date

I attest that all statements on this form are true and correct and that I will work in accordance with K.S.A. 65-1456 and amendments thereto.

Sponsoring Dentist signature

Date

Once your application has been approved, you will be issued a new license card with your ECP designation.

Send the application, attachments, and a \$5.00 check or money order made payable to the Kansas Dental Board to:

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