Request for Listing(s) of Licensees

KANSAS DENTAL BOARD 900 SW Jackson, Suite 455-S Topeka, KS 66612-1230 Phone (785) 296-6400

It is the policy of the Kansas Dental Board to create lists using information in the Board's computer database and make them available upon written request. The Board requires payment before processing the request and signature of the non-disclosure statement below. **Make checks payable to Kansas Dental Board** Lists can be provided in Micro-soft Excel format, printed on 8.5 x 11 inch paper or printed on self-adhesive labels. Excel files will be e-mailed so please print e-mail address clearly.

Please check the list(s) you are requesting:

Standard Dentist List Standard Hygienist List Custom Dentist List Custom Hygienist List	Excel \$10.00 \$10.00 \$25.00 \$25.00	Printed \$15.00 \$15.00 \$30.00 \$30.00	Labels \$20.00 \$20.00 \$35.00 \$35.00
Total			
(1) A "standard" query for dentists and Initial, Mailing Address, Date of Originalicensee's in all states in which they re	al License Issue and E		
(2) "Custom" requests for dentists and and check for accuracy. Additional tim to the information you are requesting.			
** E-mail addresses and birth dates of	our licensee's are not _l	provided as a part of a	ny listing.
If requesting a "custom" report,	please indicate all add	ditional information des	sired:
I hereby certify that neither the une (a) use any list of names or addresses con offering for sale any property or service to give or otherwise make available to any per information for the purpose of allowing that any person who resides at any address misdemeanor. K.S.A. 21-3914.	ntained in or derived fron any person listed or to a erson any list of names on t person to sell or offer fo	n the records of informat ny person who resides a addresses contained in r sale any property or se	ion for the purpose of selling or t any address listed; or (b) sell, or derived from the records or rvice to any person listed or to
Signature		ddress (Please Print)	
Name (Please Print)	C	city, State, Zip Code (F	Please Print)
Email address (Please Print Clearly)		Phone Number)	