

REGISTRATION FORM FOR MOBILE DENTAL FACILITY OR PORTABLE DENTAL OPERATION

(Pursuant to K.S.A. 65-1469 and K.A.R. 71-8-1 through 71-8-9)

All information requested in this registration form must be supplied by the applicant.

ANY OMISSIONS OR INACCURACIES ARE GROUNDS FOR DENIAL.

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

Owner/Operator must have an active Kansas dental license and maintain a business mailing address and telephone number of record for each mobile facility.

First Name Initial Last Name
Address City State Zip
Phone #

Required Additional Information to submit with registration form:

- A copy of the written procedure for emergency follow-up care. The procedure should include arrangements for treatment in a healthcare facility that is permanently established in the area where services were provided.
- A copy of all consent forms provided to the patients/parents.
- A copy of the information sheet provided to patients after your visit.
- Include the \$500 non-refundable registration fee made payable to the Kansas Dental Board.

List all dentists and hygienists practicing for the facility/operation below:

(Dentist only need provide an emergency telephone number.)

(Dentist Only)

Name	<input type="text"/>	Title	<input type="text"/>	License #	<input type="text"/>	Emergency Tel #	<input type="text"/>
Name	<input type="text"/>	Title	<input type="text"/>	License #	<input type="text"/>	Emergency Tel #	<input type="text"/>
Name	<input type="text"/>	Title	<input type="text"/>	License #	<input type="text"/>	Emergency Tel #	<input type="text"/>
Name	<input type="text"/>	Title	<input type="text"/>	License #	<input type="text"/>	Emergency Tel #	<input type="text"/>
Name	<input type="text"/>	Title	<input type="text"/>	License #	<input type="text"/>	Emergency Tel #	<input type="text"/>
Name	<input type="text"/>	Title	<input type="text"/>	License #	<input type="text"/>	Emergency Tel #	<input type="text"/>

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.

I am a dentist with an active Kansas license and the applicant/owner of a mobile dental facility or portable dental operation. I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely. I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct.

Date

Dentist signature