

The Kansas Dental Board
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NAME AND ADDRESS CHANGE FORM

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

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

License No. _____	Dentist _____	Hygienist _____
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MY NAME is _____

I AM CHANGING my name to _____

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

I AM CHANGING: Residence

OLD Address _____
Street City/State Zip Telephone #

Change address TO: _____
Street City/State Zip Telephone #

I AM CHANGING / ADDING: Office Hours _____ per week worked _____

OLD Address _____
Street City/State Zip Telephone #

Change address TO: _____
Street City/State Zip Telephone #

Please include E-Mail _____

Fax #