Revised 7-10

The Kansas Dental Board
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ADDRESS AND NAME 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 _____**

I AM CHANGING: *Residence*

PREVIOUS Address _____ _____
Street City/State Zip Tele#

CURRENT Address: _____ _____
Street City/State Zip Tele #

I AM CHANGING / ADDING: *Practice Location* *Hours _____ per week _____ worked*

PREVIOUS Address _____ _____
Street City/State Zip Tele #

NAME of Practice: _____

CURRENT Address: _____ _____ _____
Street City/State Zip Tele# Fax #

SELECT MAILING ADDRESS. ☐ Residence ☐ Practice

E-Mail _____ (print clearly)

MY NAME is _____

I AM CHANGING my name to _____

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

This form may be Mailed / Faxed / E-Mailed