



KENTUCKY BOARD OF VETERINARY EXAMINERS

4047 Iron Works Parkway, Suite 104, Lexington, KY 40511

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kbve.ky.gov • vet@ky.gov

Registration for Supervision of EDP Students

Instructions: This application must be completed by the supervising veterinarian for an AAHP-EDP licensee seeking to register equine dental provider students under their supervision pursuant to 201 KAR 16:737, Section 4. An EDP licensee may supervise no more than three (3) students concurrently. A veterinarian may supervise no more than six (6) EDP students concurrently, except in a workshop setting. Completion of all fields on this application are mandatory. Insufficient answers or omissions will be sufficient grounds for rejection of this application. **Use the check list at the end of the application to ensure your submission is complete. Print SINGLE SIDED; DO NOT staple.**

OFFICIAL USE ONLY

I. Veterinarian Supervisor Information						
First Name		Middle Name		Last Name		
Veterinarian License No.		Cell Phone		Personal Email Address		
Personal Address Type	Street		City	ST	Zip	Country
Mailing Address						
Business Name						
Business Address						
Business Phone						
<p>1. Since your last application of any type to KBVE, have you been convicted of a felony or misdemeanor other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a brief explanation below and attach copies of records.</p> <p>_____</p>						

II. AAHP-EDP Supervisor Registration Information

2. Complete the table below for the supervising AAHP-EDP licensee:

AAHP-EDP First Name	Middle Name	Last Name			
Phone	Email	EDP License No.			
AAHP Facility License No.		City	ST	Zip	
Licensure Pathway		List names of all current and proposed EDP students under supervision of this EDP Licensee			
<input type="checkbox"/> Traditional or <input type="checkbox"/> Legacy					

III. Student Registration Information

3. Complete the table below for equine dental student #1:

Student First Name	Student Last Name	Phone	Email		
Student Address		City	ST	Zip	
Training Program/school	Date School started	Anticipated Completion date			
Anticipated Start Date in Kentucky	Anticipated Work Area (Region) in Kentucky				

4. Complete the table below for equine dental student #2*:

Student First Name	Student Last Name	Phone	Email		
Student Address		City	ST	Zip	
Training Program/school	Date School started	Anticipated Completion date			
Anticipated Start Date in Kentucky	Anticipated Work Area (Region) in Kentucky				

*Attach additional pages to this application as necessary for each EDP registration.

IV. Supervisory Agreement Information

5. Provide a copy of the agreement between the supervising veterinarian, supervising AAHP-EDP licensee, and each EDP student, including the following information:
- Veterinarian name, license number, and contact information;
 - AAHP-EDP name, license number, and contact information;
 - Student name and contact information;
 - Attestation statement acknowledging the supervisory roles and limitations of each party pursuant to 201 KAR 16:737, including patient responsibilities, follow-up care procedures, and liability; and
 - Signatures by each party.

V. Application Check List

- ☐ **Disciplinary records.** If applicable, any and all records of actions or circumstances listed in Question 4. If no disciplinary records to disclose, check the box: ☐ N/A
- ☐ **Signed agreement between the supervising veterinarian, supervising AAHP-EDP licensee, and each EDP student.** The letter must include the information detailed in Section II. For a sample letter, visit <https://kbve.ky.gov/forms-verification/Pages/default.aspx> and open the heading “AAHP Provider Applications”.

BE ADVISED:

NO ONE IS ALLOWED TO PRACTICE AS AN AAHP-EDP PROVIDER OR PROVIDE SUPERVISION TO EDP STUDENTS IN THE COMMONWEALTH OF KENTUCKY WITHOUT HOLDING AN AAHP-EDP LICENSE FROM THE KENTUCKY BOARD OF VETERINARY EXAMINERS, AND HAVING A KBVE-LICENSED VETERINARIAN SUPERVISOR.

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete, and correct. I hereby give permission for the Kentucky Board of Veterinary Examiners (“Board”) to secure additional information concerning me or any of the statements in this application from any source the Board may choose. I further agree to submit to questioning by the Board, the KBVE AAHP Advisory Committee, or any member or designee thereof, and to substantiate my statements if desired by the Board.

Further, I understand I am required to abide by KRS Chapter 321 and 201 KAR Chapter 16. For direct links to the statutes and regulations that govern my professional activities, I am aware I can review the materials by visiting the Board’s website at www.kbve.ky.gov/Pages/practice-act.

I hereby swear or affirm, that I have read the above statements and agree to the same.

Signature of Veterinarian Applicant

Date

Signature of AAHP-EDP Applicant

Date

Submit Complete Application to:
Kentucky Board of Veterinary Examiners
4047 Iron Works Parkway, Suite 104
Lexington, Kentucky 40511

