

Oklahoma Board of Dentistry

2920 N Lincoln Blvd., Ste B
Oklahoma City, OK 73105
(405)522-4844 | www.ok.gov/dentistry | obod.board@ok.gov

Advanced Procedures Application- \$10 per Procedure (check or money order – NO CASH)

PLEASE PRINT CLEARLY WITH BLUE OR BLACK INK

Dental Hygienist Name _____ OK RDH # _____

Current Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____ Email Address _____

Check which Advanced Procedure you are applying for:

Minimum 2 years Licensed - _____ Neuromodulator Administration _____ Elder Care and Public Health
No minimum- _____ Vaccinations _____ Venipuncture, and Phlebotomy

Please refer to the rules 195:15-1-6.1 to verify that you qualify for the Advanced Procedure you are requesting.

Please attach the following documentation to this request for the Committee on Allied Dental Education to review:

- How many years as a licensed Hygienist? _____
- Certificate of Completion _____
- Copy of Course Outline if course has not already been approved by Board. _____
(See Board Website for pre-approved courses.)
- Proof of Malpractice insurance for Neuromodulator Administration (Botox)

IMPORTANT: Please be aware that the Committee requires the above documentation and if you do not submit the above documentation, there is no guarantee the Committee will be able to make a recommendation to the Board. Your request will be reviewed at the next regularly scheduled Committee meeting, which are typically 2-3 weeks prior to the Board Meetings. You will be notified in writing once the committee has made a recommendation and the Board approves such recommendation.

FOR COMMITTEE USE ONLY:

Date Reviewed: _____

Date Notified: _____

Recommendation: _____

