



**ARE YOU THINKING ABOUT
PLACING YOUR OKLAHOMA
STATE DENTAL LICENSE IN AN
INACTIVE STATUS BUT NOT SURE
WHAT YOUR OPTIONS ARE?**

**HERE IS ALL THE INFORMATION
YOU NEED TO KNOW!**

REQUIREMENTS YOU MUST MEET IN ORDER TO RETIRE YOUR OKLAHOMA DENTAL LICENSE:

Section 328.23b of the State Dental Act states that:

*A dentist, dental hygienist, or dental assistant that has been licensed or permitted **in good standing** with the Board in excess of twenty (20) years may apply for a retired volunteer dentist, dental hygienist, or dental assistant license or permit on a yearly basis to provide volunteer services. There shall be no continuing education requirements. A retired dentist, dental hygienist, or dental assistant with a retired volunteer license or permit shall not receive payment either directly or indirectly for work provided.*

So do you meet the following criteria?

- Have you held a license or permit in good standing for 20 years or more?

If the answer is “YES,” then you are eligible to retire!

The Board of Dentistry offers Retired Volunteer Licenses to those license or permit holders who meet the above criteria at no cost. Please note that you are not required to apply for a Retired Volunteer License at the time you request to retire your license.

What happens if I retire my license but then later decide I want to return to active practice?

Once you submit a Retirement request form, it will have to be placed on the next regularly scheduled Board Agenda for approval. You then have 5 years from the date of approval to reinstate your license before being required to reapply as a new applicant. The Board may require you to get caught up on your Continuing Education, and may require any fees to reinstate your license.

➤ **You must submit your Retirement Request prior to your license expiring in order for it to be considered “In Good Standing.”**

If you do not meet the above requirements to officially Retire your license, you may submit a Request to Not Renew, which will still place your license in an “inactive” status. This form is also enclosed in this packet.



Oklahoma State Board of Dentistry

3812 N Santa Fe Ave., Ste 300

OKC, OK 73118

Phone: (405) 522-4844

Fax: (405) 522-4614

www.ok.gov/dentistry

RETIREMENT REQUEST FORM

Licensee Name: _____ License Type: _____

License Number: _____ Expiration Date: _____

Mailing Address: _____

City, State, Zip: _____

Daytime Phone Number: (____) _____ - _____

Email Address: _____

Please check if you have any of the following:

- Permit for General Anesthesia/Conscious Sedation/Pediatric Sedation
- Professional Entity / If yes, list name: _____
- Dental Lab / If yes, list name: _____

Would you like to apply for a Retired Volunteer License at this time? ___Yes ___No

PLEASE READ AND SIGN BELOW:

I am no longer practicing in the State of Oklahoma and request the State Board of Dentistry to place my license in "Retirement" status. I understand that upon a written request for reinstatement I must be in compliance with all applicable laws and rules at that time and must obtain approval by the Board. I understand that if I do not request reinstatement within 5 years from the date the Board approves this request, I will be required to apply as a new applicant. I also understand that by requesting a Retired Volunteer License, I cannot receive any payment, whether direct or indirect, for any work provided.

Signature: _____ **Date:** _____

FOR DENTISTS ONLY: Please list the disposition of your patient records:



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REQUEST FOR NON-RENEWAL OF LICENSE

Name: _____ License/Permit Type: _____

License/Permit Number: _____ Expiration Date: _____

Mailing Address: _____

City, State, Zip: _____

Daytime Phone Number: (____) _____ - _____

Email Address: _____

Please check if you have any of the following:

- Permit for General Anesthesia/Conscious Sedation/Pediatric Sedation
- Professional Entity / If yes, list name: _____
- Dental Lab / If yes, list name: _____

PLEASE READ AND SIGN BELOW:

I am no longer practicing in the State of Oklahoma and request the State Board of Dentistry to place my license in inactive status. I understand that upon a written request for reinstatement I must be in compliance with all applicable laws and rules at that time and must obtain approval by the Board. I also understand that the Board may require me to provide proof of Continuing Education taken within the time that my license/permit was inactive. I acknowledge that if I do not request reinstatement within 5 years from the date the Board approves this request, I will be required to apply as a new applicant.

Signature: _____ **Date:** _____

FOR DENTISTS ONLY: Please list the disposition of your patient records:
