



STATE OF OKLAHOMA BOARD OF DENTISTRY
NEW DENTAL ASSISTANT
PERMIT APPLICATION

New Law Went Into Effect July 1, 2013!
All Dental Assistants Must Have a Valid Permit Issued by the Board

Fee for a Dental Assistant Permit is \$50.00

This Form Must Be Filled Out and Returned with a Copy of Your Driver's License and a Check or Money Order to:

Oklahoma Board of Dentistry
2920 N Lincoln Blvd., Suite B
Oklahoma City, OK 73105
(405)522-4844

Section I. Official Registration and Correspondence Address

This is the address in which you will receive official correspondence from the Board.

Name: _____ Address: _____
City: _____ County: _____ State: _____ Zip: _____
Phone #: () _____ - _____ Cell #: () _____ - _____ Date of Birth ____ Mo. ____ Day ____ Yr.
Email: _____ @ _____ Social Security Number _____ - _____ - _____

*****If you have a current permit in one of the following expanded duty areas issued **by the State of Oklahoma** please check:

Radiation Safety ____ Date Received _____ Coronal Polishing ____ Date Received _____

Sealants ____ Date Received _____ Assisting in Administration of Nitrous Oxide ____ Date Received _____

Section II. Education and Training

Please list any formal education, training or certificates you have received toward your training as a dental assistant and list the State in which you received them. (If you have listed you have ANY expanded functions this should NOT be blank)

Section III. List all office addresses in which you practice or have practiced in the past year:

This includes any office in which you were employed by a dentist for any purpose. Use additional pages if necessary.

*Employing Dentist: _____ Start Date _____
Full time _____ Part-Time _____ Phone #: () _____ - _____ Fax #: () _____ - _____
Address: _____ City: _____ County: _____ State: _____ Zip: _____

*Employing Dentist: _____ Start Date _____ End Date _____
Address: _____ City: _____ State: _____ Zip: _____

*Employing Dentist: _____ Start Date _____ End Date _____
Address: _____ City: _____ State: _____ Zip: _____

Section IV. You MUST answer all the questions and sign the attached affidavit below

Since the date of your license application or your last renewal:

1. Have you been suspended from practice, reprimanded, censured, or otherwise disciplined or disqualified as a hygienist from any state or licensing jurisdiction or are you currently under investigation?
Yes _____ No _____.
2. Have you been the subject of ANY disciplinary action by ANY government, jurisdictional or licensing authority; federal, state or municipal other than speeding tickets? Yes _____ No _____.
3. Since your last renewal, have you been convicted of, or pled guilty to, or no contest to any offense related to controlled dangerous substances, a DUI, DWI or APC? Yes _____ No _____.

****If you answered yes to any of the questions listed in Section IV, please attach a letter with an explanation including any charges, dates, county/state, and the outcome.***

Section V. Affidavit of Dental Assistant

Affidavit of Dental Assistant

I do hereby attest that all information or statements made on this form(s) or any information given in connection therewith, to be true and correct. I understand and agree that this is a State of Oklahoma official document and any misrepresentation or fraudulent statement on any part of this form(s) may be grounds for disciplinary action as set forth by the Oklahoma State Dental Act as well as other laws under the State of Oklahoma.

Dental Assistant Signature _____ Date: _____

TOTAL LICENSE AND OTHER FEES

1. 2014 Dental Assistant Permit (check or money order attached w/form) \$50.00
2. Dental Assistant ID Card (2x2 passport photo MUST BE attached.) \$25.00.

THE OKLAHOMA BOARD OF DENTISTRY

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