



2014 NEW Dental Assistant Permit Application

Fee for Permit \$50.00

You must secure this permit within 30 days of employment in a Dental Office!!!

This form must be COMPLETED in full and returned with a copy of your Drivers License or State Issued Picture Identification and payment to:

Oklahoma State Board of Dentistry
2920 N Lincoln Blvd., Ste. B
OKC, OK 73105

IF THIS APPLICATION IS NOT FILLED OUT IN FULL IT WILL BE RETURNED BY THE BOARD OFFICE

Section I. Official Registration and Correspondence Address

All information in Section I is required

Name: _____ Address: _____

City: _____ County: _____ State: _____ Zip: _____

Daytime Phone: (_____) _____ - _____ Date of Birth: _____ / _____ / _____

Email Address: _____ @ _____ SSN: _____ - _____ - _____

Section II. 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)

Current Employing Dentist: _____ Start Date: _____ / _____ / _____

Full Time _____ Part Time _____ Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Employing Dentist: _____ Start Date: _____ / _____ / _____

Full Time _____ Part Time _____ Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Section III. Education and Training

Please list any formal education, training, or certificates you have received towards your training as a Dental Assistant. **If you mark "Yes" as being permitted, you must attach a copy of your permit to this application.**

_____ Date: _____ State: _____ Currently Permitted?: Yes / No

_____ Date: _____ State: _____ Currently Permitted?: Yes / No

_____ Date: _____ State: _____ Currently Permitted?: Yes / No

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

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 any 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. **Failure to include this explanation may delay the process of your application.*

Section V. 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 Permit and Other Fees:

1. 2014 Dental Assistant Permit (Check or Money Order Only) - **\$50.00**
2. Dental Assistant ID Card (You MUST attach a 2x2 Colored Passport Photo) - **\$25.00**

****ID Cards are strictly voluntary, not required by the Board****

***IMPORTANT:**

**INCLUDE A COLOR COPY OF YOUR DRIVERS LICENSE
OR STATE ISSUED IDENTIFICATION CARD HERE.
COPY MUST BE LEGIBLE AND PICTURE MUST BE
CLEAR OR YOU WILL BE REQUIRED TO SUBMIT A
NEW ONE.**

THE OKLAHOMA BOARD OF DENTISTRY

Dr. James A. Sparks, Oklahoma City, President
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Dr. Trent Yadon, Woodward, Oklahoma

Dr. Jeffrey Ray Nelson, Kingston, Oklahoma
Ms. Lori Roberts, Esq., Tulsa, Oklahoma
Dr. Jim Gore, Pryor, Oklahoma

Please note you CANNOT fill out both affidavits. All natural persons fourteen (14) years of age or older and present in the United States, applying for a license with the Oklahoma Board of Dentistry are required by the provisions of 56 O.S. Supp. 2207 § 71, to provide the Board with verification of lawful presence in the United States by executing on of the Affidavits below before Notary Public or other Officer authorized to notarize Affidavits under State law. The Board's licensing offices are staffed with notaries who are available to provide notary service at no cost to applicants.

Option1- Verification of Citizenship

Affidavit of:

(Applicant's Name)

STATE OF: _____)

COUNTY OF: _____)

_____, of lawful age, being duly sworn, upon oath states, under penalty of perjury, as follows: **I am a United States Citizen.**

(Signature of Applicant)

Subscribed and sworn to or affirmed before me this _____ day of _____, 20____

By _____
(Applicant)

(Notary)

My Commission Expires: _____

(SEAL)

Option 2- Verifying Qualified Alien Status – Please submit a copy of your passport, green card, etc. with this application!

Affidavit of:

(Applicant's Name)

STATE OF: _____)

COUNTY OF: _____)

_____, of lawful age, being duly sworn, upon oath states, under penalty of perjury, as follows: **I am a qualified alien under Federal Immigration and Naturalization Act, and I am lawfully present in the United States.**

(Signature of Applicant)

Subscribed and sworn to or affirmed before me this _____ day of _____, 20____

By _____
(Applicant)

(Notary)

My Commission Expires: _____

(SEAL)