Susan Rogers, Esq
Executive Director

Mary Fallin
Governor

STATE OF OKLAHOMA BOARD OF DENTISTRY
APPLICATION FOR LICENSE RENEWAL FOR 2014 - HYGIENE

Your license officially expires December 31, 2013!

If postmarked by December 31, 2013 renewal fee is $100

If postmarked January 1 through July 30th renewal fee and late fee is $200.00

You can renew online at www.ok.gov/dentistry

Or

Fill this form out and returned with your Check or Money Order to:

Oklahoma Board of Dentistry (new address and phone!)
2920 N. Lincoln Blvd., Suite B
Oklahoma City, OK 73105
Phone (405)522-4844

Section I. **Official Registration and Correspondence Address**

This is the address in which you will receive official correspondence from the Board. This location will be considered your "residence" and will not be posted on the public website.

Name:_____Lic # _____Date of Birth_____Mo._____Day_____Yr.

I state that I was issued by the State of Oklahoma Nitrous Oxide # _____ Local Anesthesia #_____

Residence Address:_____Social Security # _____

City: _____ County:_____ State: _____Zip:_____

Phone #: ( ) _____-_____Cell #: ( ) _____-_____

Email: _____@_____ (We will not put cell #, residential address or email on any public website this is for board use only.)

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

This includes any office in which you treated a patient, billed insurance, Medicare or Medicaid for treatment and does not include volunteer participation in an access to treatment, or overseas program. Use additional sheets if necessary.

1. Current Employer:_____

Office Address:_____Phone:_____

City: _____ County:_____ State: _____Zip:_____

2. Name of 2nd Employer (if applicable):_____

Office Address:_____Phone:_____

City: _____ County:_____ State: _____Zip:_____

3. Name of Former Employer (if applicable):_____

Office Address:_____Phone:_____

City: _____ County:_____ State: _____Zip:_____

If there are additional, please list them on a separate piece of paper and attach it to this application.

I did NOT actively practice this year_____

RDH

Section III. **Please read 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. Have you ever pled guilty or no contest to or received a deferred sentence or conviction for any misdemeanor involving controlled dangerous substances (drugs) or alcohol use such as DUI, DWI or APC or public intoxication? Yes _____ No _____.

4. Have you ever pled guilty or no contest to or received a deferred sentence or conviction for any felony? Yes _____ No _____.

5. Have you had a previous license or registration of any type held by the applicant under any name that has been surrendered, revoked, suspended, denied, or placed on probation or is any such action pending? Yes _____ No _____.

****If you answered yes to any of the questions listed in Section III, please attach a letter with an explanation including any charges, dates, county/state, the outcome and your driver's license number or a copy of your driver's license.***

Section IV. **Continuing Education**

1. I understand that the current continuing education reporting period began on July 1, 2013 and will end on June 30, 2016.
2. I understand that during this time frame I must accumulate 30 hours of continuing education credit.
3. I understand that a CPR course provided by the American Heart Association/Heath Care Provider or the American Red Cross/Professional Rescuer is required at least once in the current reporting period.
4. I understand that I must have an Ethics course- For a free online course go to: www.dentalethics.org.
5. I understand that I will no longer submit CE cards to the Board of Dentistry and my CE MUST be entered online.

Section IV. **Affidavit of Hygienist**

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 59 O.S. § Section 328.32 (A), as well as other laws under the State of Oklahoma.

Hygienist's Signature _____ Date: _____

TOTAL LICENSE AND OTHER FEES

1. Hygiene License Renewal (mandatory) $100.00
2. Late fee if not postmarked by December 31, 2013 $100.00

TOTAL ENCLOSED $_____

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