



STATE OF OKLAHOMA BOARD OF DENTISTRY
APPLICATION FOR LICENSE RENEWAL FOR 2016 - DENTIST

Your license officially expires December 31, 2015!
If postmarked by December 31, 2015 renewal fee is \$200

If postmarked January 1 through March 31st, 2016 renewal fee and late fee is \$400.00

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

Section I. Official Registration and Voting Address

This is the address will be used for the determination of your official District residential listing pursuant to the Oklahoma State Dental Act 59 O.S. § 328.7. This location will be considered your residence for the purposes of the act and must be within the same county that you currently reside in or your home address.

- **This is for Board Use Only and will NOT be posted on the website.**

Name: _____ License #: _____ Specialty License #: _____

Residence Address: _____ Social Security # _____ - _____ - _____ (Required by OTC)

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

Daytime Phone #: () _____ - _____ Email: _____ @ _____

**Notice - you are required by law to notify DEA, OBN and the Dentistry Board within 15 days of moving your official address! DEA and OBN have been fining registrants for violating this rule so make sure you notify each if you move.*

Section II. List all office addresses in which you maintain a 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.

**** THE ADDRESS IN SECTION II LISTED WILL BE THE PUBLIC ADDRESS FOR THE PURPOSES OF THE WEBSITE****

1. Current Name of Practice: _____ Phone: () _____ - _____

Office Address: _____ Fax: () _____ - _____

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

2. Name of 2nd Practice (if applicable): _____ Phone: () _____ - _____

Office Address: _____ Fax: () _____ - _____

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

3. Name of Former Practice (if applicable): _____ Phone: () _____ - _____

Office Address: _____ Fax: () _____ - _____

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

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

***Please indicate which address you would like to use as your official correspondence address:**

_____ Residence _____ Office Other: _____

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 Dentist 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 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 _____.
4. Has a previous professional license or registration of any type held by the applicant under any name or corporate or legal entity been surrendered, revoked, suspended, denied, or placed on probation or is any such action pending?
Yes _____ No _____.
5. Have you ever been physiologically or psychologically addicted to controlled dangerous substances, alcohol or another intoxicating substance? 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. Drug Licenses and Dental Board Dispensing Permit

1. NPI # _____.
2. DEA #(s) _____, _____, _____. Expiration Date ____ / ____ / ____
3. OBN # _____ Expiration Date ____ / ____ / ____
4. Do you wish to register for a Dental Board Dispensing Permit? Yes _____ No _____
(The fee is waived for 2015)

Section V. Malpractice Insurance (required by State law as of July 1, 2011)

You may attach a copy of your declaration page, or fill out the following:

1. Name of Provider
2. Policy #
3. Names of physicians/provider covered
4. Policy limits
5. I am exempted because:

- _____ a. I work for the federal government, a tribal entity or the State full-time and do not practice outside of that capacity.
- _____ b. I am covered by a group or hospital malpractice insurance policy. (Attach declaration page from hospital policy)
- _____ c. I will be practicing out of state during the entire year but wish to maintain my Oklahoma license.

IN-STATE ONLY

Section VI. Registration of a Professional Entity or Trade Name

Required by 59 O.S. § 328.31 and 328.31a. This is a name other than a name that clearly identifies the individual dentist for example, "Happy Smiles", "Simpson Group Dental Practice" and "Cruiseway Dental". **If your entity is in the name of a singular dentist that is providing the services and is a single provider such as, John Doe, D.D.S., LLC, then you are not required to register that name.** The purpose of this is for identification to the public of the individual dentist or dentists practicing under a professional entity or trade name. Signs on buildings, in advertisements or on billing statements or anything used to identify the dental practice other than the individual dentist's name, are considered trade names. If you are not already registered you must do so now.

PROFESSIONAL ENTITIES

Trade Name Registration

\$20.00 (PER ENTITY LOCATION, PER OWNER)

(If more than 1, attach additional sheets to the back of this form)

Entity Name: _____ Telephone# () _____ - _____

Entity Address: _____ City: _____ Zip: _____

Who manages this Entity? _____

Who owns this Entity? _____

Please list names of ALL licensed personnel below along with license/permit type:

NAME	LICENSE/PERMIT/SPECIALTY TYPE

Section VII. Continuing Education

1. I understand that between July 1, 2013 and June 30, 2016 I must accumulate and report 60 hours of continuing education credit.
2. 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. **NO ONLINE CPR!**
3. I understand that I must have an Ethics course- For a free online course go to: www.dentaethics.org.
4. I understand that I will no longer submit CE cards to the Board of Dentistry and **my CE MUST be entered online.**

Section VIII. Affidavit of Dentist

Affidavit of Dentist

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.

Dentist's Signature _____ Date: _____

TOTAL LICENSE AND OTHER FEES

1. Dental License Renewal (mandatory)	\$200.00
2. Professional Trade Entity (\$20.00 per entity)	\$_____
3. Dispensing Permit Fee (waived for 2016)	\$ 0
4. Late fee if not postmarked by December 31, 2015	\$200.00
Total	\$_____

NOTICE

If you are a Medicaid (Soonercare) provider and you do not renew your license before January 1, 2016, you will be considered out of licensure for the purposes of billing and could be required to repay any claims billed during the time you did not have an active license. Please return your form as soon as possible! Additionally your insurance company and any hospital you practice at will call us to verify your license is current on January 1, 2016. Please renew now!



STATE OF OKLAHOMA BOARD OF DENTISTRY

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