



## Oklahoma State Board of Dentistry

2920 N Lincoln Blvd., Ste. B  
Oklahoma City, OK 73105  
Ph: (405) 522-4844 Fax: (405) 522-4614

### **THINGS TO KNOW BEFORE FILLING OUT A DENTAL ASSISTANT**

#### **APPLICATION:**

1. This is a State Permit Application and is an official State document. Lying or providing false or inaccurate information on a state document can be a criminal offense in the State of Oklahoma. Further, *the Board may deny your application for providing false information.*
2. If you have a felony or misdemeanor conviction for any type of drug charge, you may be disqualified to obtain a permit. Before you may appear before the Board, you must first obtain a waiver from the Oklahoma Bureau of Narcotics (OBN) and United States Drug Enforcement Agency (DEA). No doctor or dentist that has a DEA Drug registration may employ someone with certain types of drug history or they may lose their drug registration.
  - a. The waiver must be requested by your employing dentist and may not be obtained by a corporation.
  - b. The waiver is only valid for the employing dentist that requested the waiver. If you change employers, you must restart this process.
3. If you are on an active sentence for any type of criminal act (not including traffic charges, DUI, and/or DWI), the Board may table your application until your sentence has been resolved.
4. You **MUST** disclose ALL arrests even if the case was deferred, dismissed, expunged, or in another state. Our background checks **WILL** show these things even if you do not have a conviction.
5. You must complete this application in full, provide a **COLOR** copy of your ID or Drivers License, AND complete the 3<sup>rd</sup> page affidavit and have it notarized. **Failure to submit a complete application will delay processing and could result in your application being sent back.**
6. You must apply in your **LEGAL** name. No nicknames, middle names, former names, or future names will be recognized.

*Please contact the Board Office at the phone number above if you have any questions.*



## 2016 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 color 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 Dental Assistant from any State or Licensing Jurisdiction, or are you currently under any investigation? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you been arrested for any crime or the subject of ANY disciplinary action by ANY government, jurisdictional, or licensing authority; Federal, State, or Municipal, other than speeding tickets, even if the case was deferred, dismissed, or expunged? 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. 2015 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. 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)