

IMPORTANT- PLEASE READ COMPLETELY BEFORE FILLING OUT DENTAL ASSISTANT PERMIT APPLICATION

THINGS TO KNOW BEFORE FILLING OUT A DENTAL ASSISTANT PERMIT 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. Furthermore, the Board may deny your application for providing false information, whether it was intentional or not. Please read the application carefully.
2. If you have a felony or misdemeanor conviction for any type of drug charge, regardless of how long ago it may have been, you may be disqualified from obtaining a permit. Before you may appear before the Board, your employing dentist 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 could potentially lose their 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 for the specific location(s) that the waiver was requested for. If you change employers or office locations at any time, you must re-start this process.
3. If you are on an active sentence for any type of criminal act (not including traffic charges), the Board may table your application until your sentence has been resolved.
4. You must disclose any and all arrests even if the case was deferred, dismissed, or expunged, or in another state. Our background checks WILL show any arrest even if you do not have a conviction.
5. You must complete this application in full, provide a COLOR copy of your ID/Drivers License, AND complete the 3rd 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.
7. On the 3rd page affidavit, you CANNOT fill out both affidavits. You are signing that you are either a US Citizen or a Legal Alien.

Please contact the Board Office if you have any questions.



2017 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 check or money order 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

1. Are you currently a dental assistant student in Oklahoma? Yes / No If yes, what school? _____
2. Have you ever held expanded functions through the State of Oklahoma? Yes / No
If yes, what expanded functions and what year did they expire?
XR- Year Expired _____ CP- Year Expired _____ SE- Year Expired _____ N2O- Year Expired _____
3. Have you ever held an Oklahoma license or permit (of any type) under a previous name? Yes / No
List previous name(s): _____

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

1. Have you ever been suspended from practice, reprimanded, censured, or otherwise disciplined or disqualified as a Dentist, Dental Hygienist, or Dental Assistant from any State or Licensing Jurisdiction, or are you currently under any investigation?
Yes _____ No _____

****I have read this question carefully and answered honestly _____ (initial)***

2. Have you ever 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 _____

****I have read this question carefully and answered honestly _____ (initial)***

3. Have you ever 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 _____

****I have read this question carefully and answered honestly _____ (initial)***

****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. 2017 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. 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)

(SEAL)

My Commission Expires: _____