



**STATE OF OKLAHOMA BOARD OF DENTISTRY
APPLICATION FOR PERMIT RENEWAL FOR 2017 - OMS DENTAL ASSISTANT**

**Your permit officially expires December 31, 2016!
If postmarked by December 31, 2016 renewal fee is \$50**

If postmarked January 1, 2017 or after renewal fee and late fee is \$100.00

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

IF YOU HAVE QUESTIONS ABOUT ASSISTANT PERMITS PLEASE VISIT OUR WEBSITE AT www.ok.gov/dentistry.

Section I. Official Registration and Correspondence Address

This is the address that will show on your permit and where your permit will be mailed. This will also be the address that is used for your "Public Record" address.

Name: (F) _____ (M) _____ (L) _____ OMSDA Permit # _____

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

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

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

**** I state that I have been issued the following permits by the State of Oklahoma and have completed the necessary requirements for such permits:**

*** We do not accept, transfer or honor permits from other states. You may not perform any of these expanded functions without an Oklahoma permit.**

Radiation Safety _____ Coronal Polishing _____ Sealants _____ Assisting in Nitrous Oxide _____

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.

1. Current Employing Oral Surgeon: _____ Name of Practice: _____

Office Address: _____ Phone: () _____ - _____

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

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

Office Address: _____ Phone: () _____ - _____

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

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

Office Address: _____ Phone: () _____ - _____

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

4. Former Employer (if applicable): DDS Name: _____ Name of Practice: _____

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.

***Current Employing Dentist MUST be an active Oklahoma licensed Oral Surgeon.**

Section III. Please read all the questions and sign the attached affidavit below

Since your last renewal or date of application:

1. Have you been suspended from practice, reprimanded, censured, or otherwise disciplined or disqualified as a dental assistant/ Oral Surgery Dental Assistant 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 pled guilty or no contest to or received a deferred sentence or conviction for any misdemeanor/felony 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. 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 59 O.S. § Section 328.32 (A), as well as other laws under the State of Oklahoma.

Dental Assistant Signature _____ Date: _____

I do hereby certify that the above is employed in my office and I am his/her supervising Oklahoma licensed Oral Surgeon.

Oral Surgeon Signature _____ License # _____ Date: _____

TOTAL PERMIT AND OTHER FEES

- | | |
|--|---------|
| 1. Assistant Permit Renewal (mandatory) | \$50.00 |
| 2. Late fee if not postmarked by December 31, 2016 | \$50.00 |

TOTAL ENCLOSED \$ _____



STATE OF OKLAHOMA BOARD OF DENTISTRY

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