STATE OF OKLAHOMA BOARD OF DENTISTRY
APPLICATION FOR PERMIT RENEWAL FOR 2018 – DENTAL ASSISTANT

Your permit officially expires December 31, 2017!
If postmarked by December 31, 2017 renewal fee is $50

If postmarked after December 31, 2017, renewal fee and late fee is $100.00
You can renew online at www.ok.gov/dentistry
Or
Fill this form out and return 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

*IMPORTANT INFORMATION: THE BOARD OFFICE WILL NOT BE PROCESSING ANY NAME CHANGES DURING RENEWAL PERIOD. PLEASE MAKE SURE YOU LIST YOUR NAME AS YOU ARE CURRENTLY PERMITTED BY THE BOARD. IF YOU DO NOT KNOW YOUR PERMIT NUMBER, YOU MAY FIND IT BY VISITING THE VERIFICATIONS TAB ON OUR WEBSITE.

Section I. Official Registration and Correspondence Address
This is the address in which you will receive official correspondence from the Board and will reflect on your permit.

DA Permit # DA_______
Name: (F) __________________ (M) __________________ (L) __________________ DOB: _____ / _____ / _____
Registration Address: __________________________ Social Security # _____ - _____ - _____ (Required by OTC)
City: __________________ County: __________________ State: ___________ Zip:_________
Daytime Phone #: (___) _______ - _______ Email: _________________________@___________.

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 Dentist: __________________________ Name of Practice: __________________________
   Office Address: __________________________ County: __________________ State: ___________ Zip:_________
   City: __________________________
   Phone: (___) _______ - _______
2. 2nd Employer (if applicable): Dentist Name: __________________________ Name of Practice: __________________________
   Office Address: __________________________ County: __________________ State: ___________ Zip:_________
   City: __________________________
   Phone: (___) _______ - _______
3. Former Employer (if applicable): Dentist Name: __________________________ Name of Practice: __________________________
   Office Address: __________________________ County: __________________ State: ___________ Zip:_________
   City: __________________________
   Phone: (___) _______ - _______
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 ______.
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 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. Failure to disclose could result in delay of renewal and possible appearance at the next regularly scheduled Board Meeting.

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: __________________

TOTAL PERMIT AND OTHER FEES-

THE BOARD OFFICE DOES NOT ACCEPT CASH. PLEASE SUBMIT PAYMENT BY CHECK OR MONEY ORDER ONLY.

1. Assistant Permit Renewal  (Mandatory)  $50.00
2. Late fee if not postmarked by December 31, 2017  $50.00

TOTAL ENCLOSED $__________

STATE OF OKLAHOMA BOARD OF DENTISTRY

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