



## 2018 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. 2018 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  
Dr. Lisa A. Nowlin, Elk City, Oklahoma  
Dr. Audrey Crawford, Grove, Oklahoma  
Dr. Michael Howl, Tulsa, Oklahoma

Mr. Phil Cotten, Norman, Oklahoma  
Angela Craig, RDH, Edmond, Oklahoma  
Dr. Joseph Darrow, OKC, Oklahoma  
Dr. Curtis Bowman, Enid, Oklahoma

Dr. Jeff Lunday, OKC, 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)**