STATE OF OKLAHOMA BOARD OF DENTISTRY
APPLICATION FOR PERMIT RENEWAL FOR 2019 – DENTAL ASSISTANT

Your permit officially expires December 31, 2018!
If postmarked by December 31, 2018 renewal fee is $50
If postmarked after December 31, 2018, 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:___________________________________________________________________ Phone: ( ) __________ - __________
   City: ______________________________________ County:____________________________ State: _______________ Zip:____________________
2. 2nd Employer (if applicable): Dentist Name: __________________________________________ Name of Practice: __________________________________________
   Office Address:___________________________________________________________________ Phone: ( ) __________ - __________
   City: ______________________________________ County:____________________________ State: _______________ Zip:____________________
3. Former Employer (if applicable): Dentist 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.

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, 2018 $50.00

TOTAL ENCLOSED $__________

STATE OF OKLAHOMA BOARD OF DENTISTRY

Dr. Michael Howl, Tulsa President
Dr. Audrey Crawford, Grove
Dr. Erin Roberts, Enid
Dr. Joseph Darrow, OKC

Chief Phil Cotten (retired), Norman
Carolyn Hinckle RDH, Midwest City
Dr. Jeff Lunday, Norman
Dr. Jim Gore, Pryor

Dr. Lisa A. Nowlin, Elk City
Ms. Lori Roberts, Esq.
Dr. Krista Jones, Edmond