



STATE OF OKLAHOMA BOARD OF DENTISTRY
APPLICATION FOR PERMIT RENEWAL FOR 2024 – **OUCOD FACULTY**

Your permit officially expires December 31, 2023!

If postmarked by **December 31, 2023**, renewal fee is \$100

Non-Refundable Fee

If postmarked January 1, 2024, or after renewal fee plus late fee is \$200.00

Complete 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

Section I. Official Registration Address

This address will be considered your "home" address.

Name: _____ Faculty Permit #: _____

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

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

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

Section II. List all office addresses in which you maintain a practice or have practiced in the past year:

1. Current Name of Practice: _____ Phone: () _____ - _____

Office Address: _____ Fax: () _____ - _____

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

2. Name of 2nd Practice (if applicable): _____ Phone: () _____ - _____

Office Address: _____ Fax: () _____ - _____

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

3. Name of Former Practice (if applicable): _____ Phone: () _____ - _____

Office Address: _____ Fax: () _____ - _____

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

*If there are additional locations, please list them on a separate piece of paper and attach it to this application.

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

Since the date of your permit application or your last renewal:

1. Have you been suspended from practice, reprimanded, censured, or otherwise disciplined or disqualified as a Dentist 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 ever been arrested, 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 _____.
4. Has a previous professional license or registration of any type held by the applicant under any name or corporate or legal entity been surrendered, revoked, suspended, denied, or placed on probation or is any such action pending?
Yes _____ No _____.
5. Have you ever been physiologically or psychologically addicted to controlled dangerous substances, alcohol or another intoxicating substance? Yes _____ No _____.
6. I understand it is my responsibility to adhere to the law as it applies to the Prescription Monitoring Program.
Yes _____ No _____

****If you answered yes to questions 1-5 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. Drug Licenses and Dental Board Dispensing Permit

1. NPI # _____
2. DEA #(s) _____, _____, _____, _____. Expiration Date ____ / ____ / ____
3. OBN # _____ Expiration Date _____ / _____ / _____
4. Do you wish to register for a Dental Board Dispensing Permit? Yes _____ No _____

Section V. Affidavit of Faculty Member

Affidavit of Faculty Member

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.

Faculty Member Signature _____ Date: _____

TOTAL PERMIT AND OTHER FEES

- | | |
|--|----------|
| 1. Faculty Member Renewal (mandatory) | \$100.00 |
| 2. Dispensing Permit Fee | \$ 0 |
| 3. Late fee if not postmarked by December 31, 2023 | \$100.00 |

Total \$ _____

SIGNATURE OF DEAN OF DENTAL SCHOOL

I certify that the above Faculty Member is a full-time faculty professor at the OU College of Dentistry.

OUCOD Dean Signature: _____ Date: _____



STATE OF OKLAHOMA BOARD OF DENTISTRY

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