**Oklahoma State Board of Dentistry**

**CHECKLIST - DDS/ SPECIALTY/ RDH BY CREDENTIALS**

*In order to be eligible for licensure by Credentials, applicant must have been in active practice for at least five (5) years immediately prior to making application (Two (2) year requirement for Dental Hygienists.) and taken an accepted Regional Exam.***

**Completed application packet must be received 30 days prior to the Board Meeting to be placed on the agenda.**

***All documents must be the original unless otherwise stated.***

<table>
<thead>
<tr>
<th>Non-Refundable Fee with Completed Application.</th>
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<tbody>
<tr>
<td>Your picture must be a 2x2 passport photo- taped or glued to the application- Please do not staple the picture or payment to the application. The Board of Dentistry accepts check or money order only- <strong>NO CASH WILL BE ACCEPTED.</strong> Personal checks ARE okay to send in.</td>
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<tr>
<th>Original National Board Scores/ Certified copy of National Board Scores</th>
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<tbody>
<tr>
<td>Scores are no longer sent by mail- You will need to login to the ADA’s website and give request Oklahoma have access to your scores. The Board office will print your scores once we have received an application.</td>
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<tr>
<th>Regional Exam Scores</th>
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<tr>
<td>Acceptable Regional Exams are WREB, CRDTS, SRTA, CDCA, and NERB. These must be in the original sealed envelope when they arrive at the Board Office.</td>
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<tr>
<th>Copy of Diploma</th>
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<tbody>
<tr>
<td>You must provide a copy of your official diploma showing the degree awarded. If you are applying for a Specialty license also, you must include a copy of your Specialty Certificate of Completion/Diploma as well.</td>
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<tr>
<th>Official Transcripts</th>
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<tr>
<td>We ask that the school send your final official transcripts to you and then you include them with your application packet. These must be in the original sealed envelope when they arrive at the Board Office.</td>
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<tr>
<th>Verification Report from the National Practitioner Databank</th>
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<tr>
<td>Go to <a href="http://www.npdb-hipdb.hrsa.gov">http://www.npdb-hipdb.hrsa.gov</a> and do a self-query. You must include this report even if you have never held a Dental or Dental Hygiene license. Your application will not be eligible to be placed on a Board Agenda without this. It must be in the original sealed envelope when it arrives at our office, we cannot and will not accept the PDF version that is emailed to you.</td>
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<tr>
<th>Verification From Any Other State You Are Licensed In/ Have Been Licensed In With State Seal</th>
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<tbody>
<tr>
<td>You are required to submit verification from all states you currently hold or have ever held a license in, regardless of if your license is still active in that state or not. <strong>Please note this is NOT a copy of your license.</strong></td>
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<tr>
<th>3 Letters of Recommendation</th>
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<tr>
<td>These should be from people who can recommend you as a Dentist/Hygienist. These must be current, with an original signature. Emailed, faxed, or unsigned letters will NOT be accepted. For new graduates these will be considered “Good Character Letters.” These letters should be from professionals in the Dental profession.</td>
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<tr>
<th>Proof of Citizenship (Birth Certificate) or Qualified Alien Documentation (Passport)</th>
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<tr>
<td>A copy of your birth certificate is acceptable.</td>
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<th>Copy of Legal Documentation to show any name change(s)</th>
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<tr>
<td>i.e. Marriage license, divorce decree, court ordered name change, etc. This documentation must have a stamp on it showing it has been filed in a Court of Law.</td>
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<th>Personal Interview (if requested by the Board or Investigator)</th>
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<td>Interviews are not always required but are possible and required if requested.</td>
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<tr>
<th>Jurisprudence Exam</th>
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<td>After your application has been approved by the Board, you will be notified via email to schedule a time and day to take the Jurisprudence Exam. The exam is offered every Thursday between 9:00-3:00 by appointment only. <strong>You cannot schedule your exam until after your application has been approved. Please wait for the Board to send you the confirmation email.</strong></td>
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**Additional information may be requested at the discretion of the Board.**
APPLICATION BY CREDENTIALS

I am applying for the following:

GENERAL DENTISTRY $500 _______  DENTAL HYGIENE $150 _______  SPECIALTY $500 _______
(If you are applying for a Specialty license, you MUST obtain a General Dentist license as well)

Applicant’s Social Security Number: ____________________________ Date: _____________________

All statements are based on your knowledge, unless the statement is expressly qualified to show the source of your
information. Each question must be answered fully, truthfully, and accurately. All supporting data must be received
before you will be placed on an agenda for approval. If the space provided for any question is insufficient, you must
attach a separate sheet of paper with the answer. Please specify the number of the question to which it relates and
enclose with this application.

I hereby make application by credentials for issuance, to me, a license to practice the above as indicated in the State of
Oklahoma, all in accordance with and subject to the Rules and Regulations of the Board of Dentistry and the laws
governing to practice Dentistry in Oklahoma.

1. Last Name    First Name           Middle Name

   __________________________________________________________
   __________________________________________________________

   Name of Spouse (if applicable)     Daytime Phone Number

2. Current Residence Address    City     State     Zip

   __________________________________________________________

3. Email Address: _____________________________ @ _____________________________

4. Cell Phone: (____)_________________________ Home Phone: (____)___________________

5. List any other names in full by which you have been known, the reason therefor, and inclusive dates so known.

6. Place of Birth: ___________________________  Date of Birth: ___________________

7. _____ ft/ _____ in. / _____ lbs. / Sex: _____ / Race: _____ / Hair: _____ / Eyes: _____

8. Identifying Marks: __________________________________________

PHOTOGRAPH OF APPLICANT

Must be a 2x2 color photo taken in the last 6 months from the neck up

Please do not staple photo to application
9. Why are you applying for licensure in the State of Oklahoma?
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

10. EDUCATION- HIGH SCHOOL

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GENERAL COLLEGE

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SCHOOL OF DENTISTRY OR DENTAL HYGIENE

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POST GRADUATE (FOR DENTISTS ONLY)

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I was a graduate of ________________________________ School of Dentistry/Dental Hygiene. I graduated _______ / _______/ ___________. I belong to the following professional societies and organizations: ________________________________

11. I have passed all parts of the National Board Examination _____ YES _____ NO

12. I have passed the __________ Regional Examination Board. (Must be completed.)
   Date of Exam: __________
   Examination Site: ________________________________

13. OTHER STATE LICENSURE:
   Please list all states you currently hold or have held a license to practice Dentistry/Dental Hygiene.

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<tr>
<th>State Licensed</th>
<th>License #</th>
<th>License Type</th>
<th>Date Issued</th>
<th>Expiration</th>
<th>Requested Verification</th>
<th>Date Requested</th>
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14. (For Dentists Only): List all of your DEA Numbers you have received and in what state received:
________________________________________________________

15. I have been refused a license in the following states and no others:
____________________________
Reason: ________________________

16. I have failed an examination in the following states and no others:
____________________________
Type of Examination Failed: ________________________

17. **PRACTICE HISTORY**—List all employment (temporary, part time, resident, or faculty) since graduation.

<table>
<thead>
<tr>
<th>Place of Employment</th>
<th>Address</th>
<th>Dates (From/To)</th>
<th>Nature of Practice</th>
<th>Reason for Leaving</th>
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18. Answer all of the following questions fully and truthfully.  
*If you answer “YES” to any question, you must attach a written explanation.*

- Have you ever been reprimanded, had your license suspended, cancelled, or revoked by any State Board, or ever surrendered a license?  
  ______ YES  ______ NO
- Have you ever been the subject of an investigation by any State Board?  
  ______ YES  ______ NO
- Have you ever been summoned, arrested, taken into custody, indicted, convicted, tried for, charged with, or pled guilty to a violation of any law or ordinance or the commission of any Felony or Misdemeanor, or have you been requested to appear before any prosecuting attorney or investigative agency in any manner? (Include all such incidents no matter how minor the infraction or whether guilty or not)  
  ______ YES  ______ NO
- Have you ever been or are you now addicted to the use of drugs, narcotics, or alcohol, in any form, or have you ever been a habitual user thereof?  
  ______ YES  ______ NO
- Have you ever been refused membership in the American Dental Association or any state or local society?  
  ______ YES  ______ NO

19. **SPECIALTY TRAINING (For Dentists Only)**

Have you completed a formal Specialty Training Program?  
_______ YES  ______ NO
SpecialtyType: ____________________________ Where? ____________________________
Did you graduate?  
_______ YES  ______ NO  Date of graduation: ____________________________

20. **OKLAHOMA EMPLOYMENT**

I have been offered a position with ____________________________ and intend on beginning my employment on ____________________________.
I will be opening my own Dental Office and will practice the following:  
____________________________.
My office will be located at ____________________________ and plans to open ____________________________.
BOARD OF DENTISTRY- STATE OF OKLAHOMA  
2920 N. Lincoln Blvd., Ste. B  
Oklahoma City, OK 73105  
(405)522-4844

CHARACTER REFERENCES

Name: ________________________________________  Address: _____________________________________________  
Phone #: _____________________________          Occupation: ____________________________________________

Name: ________________________________________  Address: _____________________________________________  
Phone #: _____________________________          Occupation: ____________________________________________

CERTIFICATION OF DEAN OF THE DENTAL/ DENTAL HYGIENE SCHOOL

CERTIFICATE OF COLLEGE GRANTING DEGREE

I hereby certify that ________________________________________________ matriculated in the _____________________ ___________________  
Dental/Dental Hygiene School Program on the __________ day of ______________, _________________,  
and attended and successfully completed _________ number of academic years in the Dental/Dental Hygiene  
instruction and graduated with a degree of ___________________________________ on the _______________ day of  
______________________________, ________________.

(SEAL of College or University)  ____________________________________________  SIGNATURE OF DEAN or Representing Secretary

MEDICAL REPORT

(Must be completed by a licensed MD or DO)

I, _________________________________________________, a duly licensed physician in the State of ___________________________,  
have this day examined ______________________________________, and my medical examination reveals that the  
applicant is not dependent on narcotic drugs or alcohol. Further, my examination reveals that the applicant  
does not have a communicable disease (HIV/Hepatitis/TB) and has no physical or mental disabilities except  
_____________________________________.  The examination took place in _________________________, ______________________  
on the ___________ day of ________________________, ________________.

__________________________________________________, __________  SIGNATURE OF PHYSICIAN  
LICENSE #_________________  STATE OF ___________________________

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AFFIDAVIT

The State of _______________________________  
The County of _______________________________

I, __________________________________________, the applicant herein, upon oath deposes and say that all facts, statements, and answers contained in this application are true and correct; I am not omitting any information which might be of value to this Board in determining my qualifications and character, whether it is called for or not; and I agree that any falsification omission, or withholding of information of facts concerning my qualifications and character, as an applicant shall be sufficient to bar me from this or any future examination given by the Oklahoma Board and such falsifications, omissions, or withholding shall serve as sufficient grounds for the suspension, cancellation or revocation of my Oklahoma Dental/Dental Hygiene license even though it is not discovered until after issuance. The attached photograph is a true likeness of the applicant. I solemnly declare upon my honor that if granted a license to practice Dentistry or Dental Hygiene in Oklahoma, I will respectfully comply with any law governing the practice of Dentistry/Dental Hygiene in this State, and will do my best to uphold and maintain the Ethics of the profession.

I hereby authorize and request, every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records, and other information pertaining to me, to furnish to the Board such information documents, or records or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information. I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements if desired by the Board.

____________________________________________  
Applicant Signature

NOTARY

Subscribed to before me, the undersigned Notary Public, this ______ day of _______________________, _____________. My commission expires on the __________ day of _______________________, _____________.

____________________________________________  
Notary Signature
*THE INFORMATION PROVIDED IN THIS APPLICATION MUST BE TRUE AND CORRECT AT THE TIME
SUBMITTED TO THE BOARD OFFICE.*

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 one 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.

Option 1 - 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)

_______________________________________________ My Commission Expires: _______________________

(Notary)

(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)

_______________________________________________ My Commission Expires: _______________________

(Notary)

(SEAL)
DENTAL HYGIENE OUT OF STATE REQUEST
FOR ADVANCED PROCEDURES

If you are licensed in another state for Administration of Local Anesthesia or Administration of Nitrous Oxide, please note they do NOT automatically transfer. You must be permitted for these procedures by the State of Oklahoma.

Dental Hygienist Name: __________________________________________ Date: _____ / _____ / _____

Mailing Address: _______________________________________________________________________

Daytime Phone #: ____________________________ Oklahoma Hygiene License #: __________

Name of Dental Hygiene School __________________________________________ State: ________

What Advanced Procedures are you requesting?

_____ Administration of Local Anesthesia

_____ Administration of Nitrous Oxide

IN ORDER FOR THE BOARD TO CONSIDER TRAINING OUTSIDE OF THE STATE OF OKLAHOMA, THE COMMITTEE ON ALLIED DENTAL EDUCATION HAS BEEN ESTABLISHED TO REVIEW COURSE CRITERIA.

Please attach the following documentation to this request for the Committee on Allied Dental Education to review:

_____ Copy of Official Transcript (This is a separate request than the copy you submitted for licensure)

_____ Copy of Course Outline with Specific Classroom/Clinical Hours

_____ Total number of injections (If you are requesting Administration of Local Anesthesia this information must be from the school or a notarized letter from the licensed DDS you were working for in another state.)

IMPORTANT: Please be aware that the Committee requires the above documentation and if you cannot/do not submit the above documentation there is no guarantee the Committee will be able to make a recommendation to the Board. Your request will be reviewed at the next regularly scheduled Committee meeting, which are typically 2-3 weeks prior to the Board Meetings. You will be notified in writing once the Committee has made a recommendation and the Board approves such recommendation.

FOR COMMITTEE USE ONLY:

DATE REVIEWED: _______________ DATE NOTIFIED: _______________

RECOMMENDATION:

________________________________________________________________________

________________________________________________________________________