



COURSE CODE: \_\_\_\_\_  
(For Board Use Only)

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**STATE OF OKLAHOMA  
BOARD OF DENTISTRY**

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**COURSE SPONSOR APPLICATION  
FOR BOARD APPROVAL OF CE COURSE**

COURSE TITLE: \_\_\_\_\_

DATE OF COURSE: \_\_\_\_\_

WHERE COURSE WILL BE GIVEN: \_\_\_\_\_

NAME OF SPONSOR: \_\_\_\_\_

MAILING ADDRESS OF SPONSOR: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

EMAIL/PHONE NUMBER: \_\_\_\_\_

# OF HOURS FOR PARTICIPANTS: \_\_\_\_\_

TARGETED AUDIENCE: Dentists Hygienists Dental Assistants Staff

CATEGORY (CIRCLE ONE): A B C D

DOES YOUR COURSE INCLUDE ETHICS? YES NO

\_\_\_\_\_  
DATE SUBMITTED

\_\_\_\_\_  
SPONSOR SIGNATURE

***\*YOU MUST ATTACH A COPY OF YOUR COURSE SYLLABUS.*** Only those courses directly related to provision of services and patient care shall be considered for credit. Courses dealing substantially with other subjects of professional concern are outside the scope of the CE program. However the Board may allow exception as specified in Category D.

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**OFFICE USE ONLY**

**APPROVED**

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**DENIED**

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_