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*Stephen McCaleb, Esq.*  
Judicial Counsel

**OKLAHOMA STATE BOARD OF DENTISTRY**

2920 N. Lincoln Blvd., Suite B  
Oklahoma City, Oklahoma 73105  
Phone 405/522-4844 Fax 405/522-4614

**REQUEST FOR EMERGENCY TEMPORARY DENTAL OR DENTAL HYGIENE LICENSE  
(COVID – 19 Resolution 2020-2)**

**\*All other portions of your application MUST be complete before this will be processed.\***

**DENTAL APPLICANT (print name)** \_\_\_\_\_

I am scheduled to take a Regional Exam on \_\_\_\_\_ Date and location.

**DENTAL HYGIENE APPLICANT (print name)** \_\_\_\_\_

I am scheduled to take Part I and/or Part II of the NBDHE on \_\_\_\_\_.

**\$100.00 Emergency Temporary License Fee**

**I understand and agree that the COVID-19 pandemic is an unprecedented situation and the Board has taken extraordinary action to work with Dental and Dental Hygiene Students during the multiple difficulties the pandemic has caused. I understand that this is a temporary license and it will automatically expire on December 31, 2020. I also understand and agree that I will automatically surrender all licensing privileges if I have not successfully completed the missing exam required for full licensure.**

\_\_\_\_\_  
**Signature of Dental or Dental Hygiene Student**

**NOTARY**

**STAMP AND SIGNATURE**