

## **DENTAL ASSISTANT OUT OF STATE EXPANDED FUNCTION REQUEST INSTRUCTIONS**

This application is for dental assistants who have obtained any expanded function(s) from another state and wish to see if they are eligible for expanded function(s) in the State of Oklahoma.

### **What to do first:**

You must obtain an Oklahoma Dental Assistant Permit before you are legally authorized to work in a dental office and before you are eligible for any expanded function(s). You can find the application on our website at [www.ok.gov/dentistry](http://www.ok.gov/dentistry) under the Applications and Forms tab. You may submit this request once you have obtained your permit.

The Committee on Allied Dental Education has been established to review course criteria and establish equivalency in education. Oklahoma Rules and Regulations 195:15-1-4 states that:

*“Applicants who successfully complete recognized expanded duty training at a formal dental assisting program approved by the Board and the Commission on Dental Accreditation of the American Dental Association shall be eligible for permits.”*

Therefore, you must have completed a CODA approved Dental Assisting program in order to be eligible for any out of state expanded functions. To see if your school is CODA approved, you may go to <http://www.ada.org/en/coda> and click on “Find a Program.” If your school is not on the list of approved programs, you will be required to retake any expanded function course(s) in the State of Oklahoma to be eligible to perform that function. You can contact the Oklahoma Dental Foundation at (405)241-1299 or visit [www.okdf.org](http://www.okdf.org) for course information.

The Committee meets quarterly, so you may not hear anything on your request for up to 3 months, depending on when the Board Office receives your request. You will be notified in writing at the address on file for you once the Committee has made a recommendation and the Board has approved the recommendation. Should the Committee approve you for expanded function(s), the Board Office will send you the appropriate application to complete. You are not authorized to perform any expanded function(s) until it reflects on your permit that is displayed in the dental office.

**If you cannot or do not submit a complete packet, there is no guarantee the Committee will be able to make a recommendation to the Board. The Committee reviews your education, not your permit itself, in attempt to establish equivalency in education.**

If you have any questions please contact the Board Office during normal business hours at (405)522-4844.

## **DENTAL ASSISTANT OUT OF STATE EXPANDED FUNCTION REQUEST**

*If you have received an Expanded Function permit outside of Oklahoma, please be aware that they DO NOT automatically transfer. You must be permitted through the State of Oklahoma.*

Dental Assistant Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Oklahoma Dental Assistant Permit #: DA \_\_\_\_\_

Name of Dental Assistant School: \_\_\_\_\_

Program State: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **What expanded function(s) are you requesting?**

- \_\_\_ Radiation Safety and Protection
- \_\_\_ Coronal Polishing & Topical Fluoride
- \_\_\_ Pit & Fissure Sealants
- \_\_\_ Assisting in the Administration of Nitrous Oxide

### **Please attach the following documentation to this request for the Committee on Allied Dental**

#### **Education to review:**

- Complete Course Outline** - This will tell the Committee what the curriculum of the program is. This needs to be the course outline from when you completed the program.
- Evaluation Instruments**- This is what the school used to evaluate the students' progress.
- Schedules**- The didactic (classroom) and clinical time must be separated and clear.
- Documentation from Department Head or Chair of recognized training program verifying completion**- Official final transcripts and diploma must be in a sealed envelope from school.
- Specific clinical experience**- Letter from employing dentist in state where out of state permit is held.
- Proof of CPR**- This is only a requirement if you are requesting Assisting in the Administration of Nitrous Oxide.
- Verification of current registration from state where training was complete**- Contact the State Board in which your permit is held and request a verification of license/permit.

#### **Once you have a complete packet, please mail to:**

Oklahoma State Board of Dentistry  
2920 N Lincoln Blvd., Ste. B  
OKC, OK 73105