

## **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: \_\_\_\_\_ Dental Assistant Permit #: \_\_\_\_\_

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

### **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

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**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. ONLY THOSE DENTAL ASSISTANT SCHOOLS THAT ARE APPROVED BY THE BOARD AND THE COMMISSION ON DENTAL ACCREDITATION WILL BE REVIEWED BY THE COMMITTEE.**

**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.
- 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 permit is held
- Proof of CPR**- This is only a requirement if you are requesting Assisting in the Administration of Nitrous Oxide.
- Current registration from state where training was complete**- Copy of your permit

**IMPORTANT**- Please be aware that the Committee requires ALL above listed information. If you cannot or do not provide all of the above documentation there is no guarantee the Committee will be able to make a recommendation to the Board regarding your request. Your request will be presented at the next regularly scheduled Committee Meeting. These meetings are held quarterly, typically 2-3 weeks prior to the Board Meeting. You are legally prohibited from performing any expanded functions until you are permitted by the State of Oklahoma to do so. If you are approved for an expanded function, the Board Office will send you an application and you will be required to complete and submit back to the Board with payment to complete the permitting process. You will be notified in writing once the Committee has reviewed your request.

Once you have a complete packet, please mail to:

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