STEP BY STEP INSTRUCTIONS FOR ONLINE RENEWAL - DENTISTS

NEED ASSISTANCE WITH LOGGING IN TO THE SYSTEM?

CALL THE HELPDESK AT (405)521-2444.

THE BOARD OFFICE HAS NO ACCESS TO USERNAMES OR PASSWORDS.

NEED HELP ONCE YOU ARE IN THE SYSTEM?

CALL THE BOARD OFFICE AT (405)522-4844.

PLEASE READ ALL NOTES/INSTRUCTIONS BEFORE CALLING THE BOARD OFFICE.
Click on “Renew License” when you are ready to renew!

Account Name: Dentist Name

License | Lic# | Expiration Date
--------|------|------------------
Dentist  | 123456 | 12/31/2016

All Licenses expire on December 31st of each year. Late fees will apply to any renewals received on January 1st or after. If you fail to renew by March 31st you will need to contact the Oklahoma Board of Dentistry to renew your license. If you have any questions about renewal please contact:

Oklahoma Board of Dentistry
2920 N. Lincoln Blvd., Suite B
Oklahoma City, OK 73105

"Notice"

If you are a Medicaid (SoonerCare) provider and you do not renew your license before January 1, you will be considered out of licensure for the purpose of billing and could be required to repay any claims billed during the time you did not have an active license. Please renew your license as soon as possible. Additionally your insurance company and any hospital you practice at will call us to verify your license is current on January 1.

DISCLAIMER: THIS INFORMATION HAS NOT BEEN VERIFIED BY THE OKLAHOMA STATE BOARD OF DENTISTRY AND SHOULD NOT BE USED TO REPORT CONTINUING EDUCATION HOURS TO ANY OTHER ENTITY. ALL OF THE ABOVE ENTERED INFORMATION IS SUBJECT TO AUDIT BY THE OKLAHOMA STATE BOARD OF DENTISTRY.
You will need to click on this button for each portion of the renewal to update the information. Please review every tab of the renewal to verify the information. We have added new boxes in each tab also that you will need to complete!

PLEASE MAKE SURE TO GO THROUGH EACH PORTION OF THE RENEWAL TO MAKE SURE ALL INFORMATION IS COMPLETE TO AVOID GETTING AN ERROR MESSAGE THAT WILL PREVENT YOU FROM RENEWING!
This registration address will be your residential address used for voting purposes only. You will designate your correspondence address in a later tab.

It is crucial that you make sure you have the proper county listed here for the address provided. The county you reside in determines your district number for voting purposes.

**Account Name:**
- *Indicates a required field.
- **First Name**
- **Middle Name**
- **Last Name**

**Social Security Number**
- *Indicates a required field.
- **Date of Birth**

**Official Registration Address**
- *Indicates a required field.
- **Registration Address**
- **City**
- **County (Required if Oklahoma selected)**
- **Country**

**Employer's Information**
- **Employer's Phone Number**
- **Employer's Fax Number**
- **Cell Phone Number**

*Notice - you are required by law to notify DEA, OBN and the Dentistry Board within 15 days of moving your official address. DEA and OBN have been fining registrants for violating this rule so make sure you notify each if you move.*
Click here to add any practice information

Do NOT click on these buttons when you are done entering information or it will remove you from the renewal system. Please use the blue buttons below.

Click here to edit any existing practice information currently in the system.

Please remove any practice history in the system that is no longer valid information.

Make sure you are hitting the save button!
Please make sure to fill out all portions of this tab!

Once you have filled all information out, hit the save button.
By clicking here, this will bring up a page explaining who needs to register for a Professional Entity and who does not. Please make sure you read all Entity information before registering/not registering.
Please make sure to answer this question!

*For those that have existing entity information in the system from prior year(s), you will need to edit each entity and answer this question in order to register it properly!
This is a new tab this year.

There has been a lot of confusion about what address reflects on the license so this is the place you will designate what address shows on the license and also where it will be mailed. This will also be considered your “public record” address.

First, you will select the dropdown box for address type and select. (cont’d on next page)
Select which type of address you want to designate as your correspondence address.
Once you have selected which type of address you would like, click on “List Correspondence Address.”
CORRESPONDENCE ADDRESS TAB - THIS IS NEW!!

Select from the list which address you would like to use and then click on “Set Correspondence Address.”
After you have designated your correspondence address, click on the “Back” button to take you back to the main page of renewals.

**REMEMBER DO NOT CLICK ON THE BUTTONS ACROSS THE TOP OF THE SCREEN OR IT WILL REMOVE YOU FROM THE RENEWAL PROCESS!**
If you answer “Yes” to this question you are required to put in your NPI #.

We are a dual state, which means if you have an OBN number, you are required to have a DEA. Both of these should be filled out correctly with a valid expiration date. (The system will no longer accept a past expiration date in this field. It must be within the date you are completing the renewal and 3 years from that date. (i.e. 2017-2020).
Please read carefully before registering for a dispensing permit.

**DISPENSING PERMIT**

*Who Needs a Dispensing Permit?*

Any Dentist that dispenses Controlled Dangerous Substances to patients from their Dental Office is required to be permitted. This includes any samples given to patients in the office as well. This does NOT include any antibiotics dispensed in the office, nor is it required to write a prescription for Controlled Dangerous Substances.

*What is “Dispensing”?*

The preparation, packaging, labeling, record keeping, and transfer of a prescription drug to a patient who is responsible for administration of the drug.

*If you have further questions about Dispensing Permits, please contact the Board Office.*

*Do you wish to register for a Dental Board Dispensing Permit?*

- Yes
- No

**DISCLAIMER:** This information has not been verified by the Oklahoma State Board of Dentistry and should not be used to report continuing education hours to any other entity. All of the above entered information is subject to audit by the Oklahoma State Board of Dentistry.
If you select that you have no drug licenses, you are attesting to the fact that you do not prescribe ANY scheduled narcotics.

(You are not required to have an OBN license to write prescriptions for non-controlled substances)
i.e. Alexander & Strunk/Fortress/Medical Protective Company

No more confusing entries for policy limits! Just simply put in your policy limits in millions (1/3).
CONTINUING EDUCATION TAB

The top portion of this tab now only shows the current reporting period's hours entered. These are hours entered between 7/1/16-6/30/19.

All of the hours reported for the 7/1/13-6/30/16 reporting period have now been moved down here in a format that is not editable but is printable.

If you need to print last reporting period’s hours, click here.
This will provide a report showing all entries reported for the last reporting period. It will now show all of your information at the top of this page as well as what date the report is generated.
You will have access to this information at any time.

Continuing Education

<table>
<thead>
<tr>
<th>Date of CE Class</th>
<th>Course Title</th>
<th>Instructor Name</th>
<th>Hours</th>
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<tr>
<td>05/15/2015</td>
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<td>dentaethics.org</td>
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<td>CPR/BLS</td>
<td>American Heart Association</td>
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<tr>
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<td>Test Class</td>
<td>Test Sponsor</td>
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</table>

Total Hours: 50
Please note that if you try to report something outside of the current reporting period you will receive this error message letting you know that the entry is not eligible because it is outside of the current reporting period.

If you need assistance with the categories, you may click on this question mark and it will open a new tab with the category breakdown without making you leave the online system.
PLEASE SLOW DOWN AND READ THE QUESTIONS YOU ARE ANSWERING AS WELL AS THE AFFIDAVIT YOU ARE UNDERSTANDING AND AGREEING TO.

FAILURE TO DISCLOSE ANY BACKGROUND INFORMATION COULD RESULT IN A DELAY OF PROCESSING YOUR RENEWAL AND REQUIRED APPEARANCE AT THE NEXT REGULARLY SCHEDULED BOARD MEETING.

PLEASE NOTE THIS IS ASKING YOU SINCE THE DATE OF YOUR APPLICATION OR LAST RENEWAL. IF YOU HAVE PREVIOUSLY REPORTED ANYTHING TO THE BOARD, YOU DO NOT NEED TO CONTINUE TO REPORT IT EACH YEAR. PLEASE CALL OUR OFFICE IF YOU HAVE ANY QUESTIONS REGARDING REPORTING “YES” TO THE ABOVE QUESTIONS.
Complete this information and then click “Continue.” The next screen will allow you to confirm the information before entering payment information.
This page is just sort of a “duplication” to allow you to verify the information you have entered. Click “Process Payment” to give the payment information on the next screen.
The online fee is not assessed by the Board of Dentistry. This is a state mandated fee that goes to Oklahoma Interactive and the Bank.

The online system only accept Visa and Mastercard.

This should be US if you are in the United States. If you are in another country, you should be able to google the country code that you should use.
ONCE YOU COMPLETE THE PAYMENT PORTION, YOU HAVE COMPLETED YOUR ONLINE RENEWAL. A RECEIPT WILL AUTOMATICALLY GENERATE- DO NOT CLOSE IT OUT WITHOUT SAVING OR PRINTING. THIS IS YOUR CONFIRMATION THAT YOUR RENEWAL WAS COMPLETED.

ONLINE RENEWALS USUALLY GET PROCESSED WITHIN 1 WEEK OF THE RENEWAL. PAPER APPLICATION RENEWALS COULD TAKE 2-4 WEEKS TO PROCESS. BEFORE CALLING THE OFFICE, PLEASE VISIT THE LICENSE VERIFICATIONS TAB OF OUR WEBSITE TO CHECK THE EXPIRATION DATE OF YOUR LICENSE OR VERIFY THAT YOUR PAYMENT HAS CLEARED. THIS IS CONFIRMATION THAT THE BOARD OFFICE HAS RECEIVED/PROCESSED YOUR RENEWAL.

IF YOU HAVE ANY QUESTIONS, PLEASE VISIT OUR WEBSITE AT www.ok.gov/dentistry OR CALL OUR OFFICE AT 405-522-4844.