



Oklahoma State Board of Dentistry
CHECKLIST- FACULTY @ OUCOD

	<p align="center"><u>Non-Refundable Fee with Completed Application.</u> \$100 check or money order must be enclosed with this application.</p>
	<p align="center"><u>Original National Board Scores/ Certified copy of National Board Scores</u> (If you requested your scores to be sent directly to the Board please note on this checklist so we know why they are not included in this packet)</p>
	<p align="center"><u>Certification Letter From the Dean of the College of Dentistry</u> This application must include a request and certification of the dean of OUCOD that the applicant is a full-time member of the teaching staff of OUCOD.</p>
	<p align="center"><u>Copy of Diploma</u> (We only need the diploma pertaining to the license you are applying for. A copy is acceptable as long as we can read it.)</p>
	<p align="center"><u>Official Transcripts</u> (These must be in a sealed envelope from your school. You can have the school send them to you and include in your packet. Transcripts will not be accepted if not in a sealed envelope directly from the school.)</p>
	<p align="center"><u>Verification Report from the National Practitioner Databank</u> Go to http://www.npdb-hipdb.hrsa.gov and do a self-query. This report must be unopened when it arrives at our office. You can have them send the report to you to include in your packet but please make sure you do not open it.</p>
	<p align="center"><u>Verification From Any Other State You Are Licensed In With State Seal</u> We understand some states will only send to other Boards. If you run across this issue, please note on this checklist so we know we should have it in the office. *Please note this is NOT a copy of your license, this is an actual license verification from another state with the State Seal and signature.</p>
	<p align="center"><u>3 Letters of Recommendation</u> These should be from people who can recommend you as a Dentist/Hygienist. These must be current, with an original signature. Emailed or unsigned letters will not be accepted. For new graduates these will be considered "Good Character Letters." There are no restrictions on who can write the letter.</p>
	<p align="center"><u>Proof of Citizenship (Birth Certificate) or Qualified Alien Documentation (Passport/ VISA/ etc.)</u> A <u>copy</u> is acceptable.</p>
	<p align="center"><u>Copy of Legal Documentation to show any name change(s)</u> i.e. Marriage license, divorce decree, court ordered name change, etc. This documentation must have a stamp on it showing it has been filed in a Court of Law.</p>
	<p align="center"><u>Personal Interview (if requested by the Board or Investigator)</u> Interviews are not always required but are possible and required if requested.</p>
	<p align="center"><u>Jurisprudence Exam</u> You will take the State Jurisprudence Exam <i>after</i> you have been approved by the Board for licensure. Please refer to the Statutes and Rules tab of our website for further instruction on how to study for this Exam.</p>

Additional information may be requested at the discretion of the Board. A personal interview is not always required but may be required/requested by the Board.

**PHOTOGRAPH OF
APPLICANT**

Must be a 2x2 color
photo taken in the last 6
months from the neck up

Please do not staple photo to
application



OKLAHOMA STATE BOARD OF DENTISTRY

2920 N. Lincoln Blvd., Ste. B
Oklahoma City, OK 73105
Phone: (405) 522-4844

I am applying for the following:
APPLICATION FOR FACULTY LICENSE- \$100.00

Applicant's Social Security Number: _____ **Date:** _____

All statements are based on your knowledge, unless the statement is expressly qualified to show the source of your information. Each question must be answered fully, truthfully, and accurately. All supporting data must be received before you will be placed on an agenda for approval. If the space provided for any question is insufficient, you must attach a separate sheet of paper with the answer. Please specify the number of the question to which it relates and enclose with this application.

I hereby make application by credentials for issuance, to me, a license to practice the above as indicated in the State of Oklahoma, all in accordance with and subject to the Rules and Regulations of the Board of Dentistry and the laws governing to practice Dentistry in Oklahoma.

1. _____
Last Name First Name Middle Name

Name of Spouse (if applicable) Daytime Phone Number

2. _____
Current Residence Address City State Zip

3. Email Address: _____ @ _____

4. Cell Phone: (_____) _____ Home Phone: (_____) _____

5. _____
List any other names in full by which you have been known, the reason therefor, and inclusive dates so known.

6. Place of Birth: _____ Date of Birth: _____

7. ____ ft/ ____ in. / ____ lbs. / Sex: ____ / Race: ____ / Hair: ____ / Eyes: ____

8. Identifying Marks: _____

9. EDUCATION- HIGH SCHOOL

	FROM	TO	SCHOOL	LOCATION
1 st Year				
2 nd Year				
3 rd Year				
4 th Year				

GENERAL COLLEGE

	FROM	TO	SCHOOL	LOCATION
1 ST Year				
2 nd Year				
3 rd Year				
4 th Year				

SCHOOL OF DENTISTRY OR DENTAL HYGIENE

	FROM	TO	SCHOOL	LOCATION
1 ST Year				
2 nd Year				
3 rd Year				
4 th Year				

POST GRADUATE (FOR DENTISTS ONLY)

	FROM	TO	SCHOOL	LOCATION
1 ST Year				
2 nd Year				
3 rd Year				
4 th Year				

I was a graduate of _____ School of Dentistry/Dental Hygiene. I graduated _____ / _____ / _____. I belong to the following professional societies and organizations: _____

10. I have passed the National Board Examination _____ YES _____ NO

11. I have passed the _____ Regional Examination Board. Date of Exam: _____

**Please note: Section 328.27(3) of the Oklahoma State Dental Act states that: "Within the first year of employment, the faculty specialty license holder shall show proof of passing an appropriate clinical board examination, as provided in 328.21."*

12. OTHER STATE LICENSURE:

Please list all states you currently hold a license to practice Dentistry/Dental Hygiene.

State Licensed	License #	License Type	Date Issued	Expiration	Requested Verification	Date Requested

13. (For Dentists Only): List all of your DEA Numbers you have received and in what state received:

14. I have been refused a license in the following states and no others: _____

Reason: _____

15. I have failed an examination in the following states and no others: _____

Type of Examination Failed: _____

16. **PRACTICE HISTORY**-List all employment (temporary, part time, resident, or faculty) since graduation.

Place of Employment	Address	Dates (From/To)	Nature of Practice	Reason for Leaving

17. Answer all of the following questions fully and truthfully.

If you answer "YES" to any question, you must attach a written explanation.

- Have you ever been reprimanded or had your license suspended, cancelled, or revoked by any State Board? _____ YES _____ NO
- Have you ever been the subject of an investigation by any State Board? _____ YES _____ NO
- Have you ever been summoned, arrested, taken into custody, indicted, convicted, tried for, charged with, or pled guilty to a violation of any law or ordinance or the commission of any Felony or Misdemeanor, or have you been requested to appear before any prosecuting attorney or investigative agency in any manner> (Include all such incidents no matter how minor the infraction or whether guilty or not) _____ YES _____ NO
- Have you ever been or are you now addicted to the use of drugs, narcotics, or alcohol, in any form, or have you ever been a habitual user thereof? _____ YES _____ NO
- Have you ever been refused membership in the American Dental Association or any state or local society? _____ YES _____ NO

18. SPECIALTY TRAINING

Have you completed a formal Specialty Training Program? _____ YES _____ NO

SpecialtyType: _____ Where? _____

Did you graduate? _____ YES _____ NO Date of graduation: _____

19. OKLAHOMA EMPLOYMENT

I have been offered a position with _____ and intend on beginning my employment on _____.

I will be opening my own Dental Office and will practice the following: _____ My office will be located at _____ and plans to open _____.

BOARD OF DENTISTRY- STATE OF OKLAHOMA
2920 N. Lincoln Blvd., Ste. B
Oklahoma City, OK 73105
(405)522-4844

CHARACTER REFERENCES

Name: _____ Address: _____

Phone #: _____ Occupation: _____

Name: _____ Address: _____

Phone #: _____ Occupation: _____

CERTIFICATION OF DEAN OF THE DENTAL/ DENTAL HYGIENE SCHOOL CERTIFICATE OF COLLEGE GRANTING DEGREE

I hereby certify that _____ matriculated in the _____
Dental/Dental Hygiene School Program on the _____ day of _____,
and attended and successfully completed _____ number of academic years in the Dental/Dental Hygiene
instruction and graduated with a degree of _____ on the _____ day of
_____, _____. I further certify that the photograph as appears in this application
is the likeness of _____ and the identical person to whom the said diploma was
originally issued.

(SEAL of College or University)

SIGNATURE OF DEAN or Representing Secretary

MEDICAL REPORT

I, _____, a duly licensed physician in the State of _____,
have this day examined _____, and my medical examination reveals that the
applicant is not dependent on narcotic drugs or alcohol. Further, my examination reveals that the applicant
does not have a communicable disease (HIV/Hepatitis/TB) and has no physical or mental disabilities except
_____. The examination took place in _____,
on the _____ day of _____, _____.

SIGNATURE OF PHYSICIAN

LICENSE # _____ STATE OF _____

BOARD OF DENTISTRY- STATE OF OKLAHOMA
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Oklahoma City, OK 73105
(405)522-4844

AFFIDAVIT

The State of _____

The County of _____

I, _____, the applicant herein, upon oath deposes and say that all facts, statements, and answers contained in this application are true and correct; I am not omitting any information which might be of value to this Board in determining my qualifications and character, whether it is called for or not; and I agree that any falsification omission, or withholding of information of facts concerning my qualifications and character, as an applicant shall be sufficient to bar me from this or any future examination given by the Oklahoma Board and such falsifications, omissions, or withholding shall serve as sufficient grounds for the suspension, cancellation or revocation of my Oklahoma Faculty license even though it is not discovered until after issuance. The attached photograph is a true likeness of the applicant. I solemnly declare upon my honor that if granted a Faculty License in Oklahoma, I will respectfully comply with any law governing the practice of Dentistry/Dental Hygiene in this State, and will do my best to uphold and maintain the Ethics of the profession.

I hereby authorize and request, every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records, and other information pertaining to me, to furnish to the Board such information documents, or records or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information. I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements if desired by the Board.

Applicant Signature

NOTARY

Subscribed to before me, the undersigned Notary Public, this _____ day of _____,
_____. My commission expires on the _____ day of _____,
_____.

NOTARY SEAL

Notary Signature

Please note you CANNOT fill out both affidavits. All natural persons fourteen (14) years of age or older and present in the United States, applying for a license with the Oklahoma Board of Dentistry are required by the provisions of 56 O.S. Supp. 2207 § 71, to provide the Board with verification of lawful presence in the United States by executing on of the Affidavits below before Notary Public or other Officer authorized to notarize Affidavits under State law. The Board's licensing offices are staffed with notaries who are available to provide notary service at no cost to applicants.

Option1- Verification of Citizenship

Affidavit of:

(Applicant's Name)

STATE OF: _____)

COUNTY OF: _____)

_____, of lawful age, being duly sworn, upon oath states, under penalty of perjury, as follows: **I am a United States Citizen.**

(Signature of Applicant)

Subscribed and sworn to or affirmed before me this _____ day of _____, 20_____

By _____

(Applicant)

(Notary)

My Commission Expires: _____

(SEAL)

Option 2- Verifying Qualified Alien Status –Please submit a copy of your passport, green card, etc. with this application!

Affidavit of:

(Applicant's Name)

STATE OF: _____)

COUNTY OF: _____)

_____, of lawful age, being duly sworn, upon oath states, under penalty of perjury, as follows: **I am a qualified alien under Federal Immigration and Naturalization Act, and I am lawfully present in the United States.**

(Signature of Applicant)

Subscribed and sworn to or affirmed before me this _____ day of _____, 20_____

By _____

(Applicant)

(Notary)

My Commission Expires: _____

(SEAL)