



Oklahoma State Board of Dentistry
CHECKLIST- RDH BY CREDENTIALS \$150

**To be eligible for licensure by Credentials, applicant must have been in active practice for at least five (5) years immediately prior to making application and taken an accepted Regional Exam.*

****Completed application packet must be received 30 days prior to the Board Meeting to be placed on the agenda.**
*****All documents must be the original unless otherwise stated.*****

	<p align="center"><u>Non-Refundable Fee with Completed Application-\$150.</u></p> <p>Your picture must be a 2x2 color photo- taped or glued to the application- Please do not staple the picture or payment to the application. The Board of Dentistry accepts check or money order only- NO CASH WILL BE ACCEPTED. Personal checks ARE okay to send in.</p>
	<p align="center"><u>Original National Board Scores/ Certified copy of National Board Scores</u></p> <p>Scores are no longer sent by mail- You will need to login to the ADA's website and give request Oklahoma have access to your scores. The Board office will print your scores once we have received an application.</p>
	<p align="center"><u>Regional Exam Scores</u></p> <p>You must have taken and passed an acceptable Regional Exam pursuant to section 328.21 (D) (2) on a live patient or manikin. <u>These must be in the original sealed envelope when they arrive at the Board Office.</u> For most scores we are also able to get them from the exam testing site.</p>
	<p align="center"><u>Copy of Diploma</u></p> <p>You must provide a copy of your official diploma showing the degree awarded.</p>
	<p align="center"><u>Official Transcripts</u></p> <p>We ask that the school send your final official transcripts to you and then you include them with your application packet. These must be in the original sealed envelope when they arrive at the Board Office. These can also be emailed directly from the school to obod.board@ok.gov.</p>
	<p align="center"><u>Verification Report from the National Practitioner Databank</u></p> <p>Go to http://www.npdb-hipdb.hrsa.gov and do a self-query. You must include this report even if you have never held a Dental or Dental Hygiene license. Your application will not be eligible to be placed on a Board Agenda without this. <u>It must be in the original sealed envelope when it arrives at our office, we cannot and will not accept the PDF version that is emailed to you.</u></p>
	<p align="center"><u>Verification From Any Other State You Are Licensed In/Have Been Licensed In With State Seal</u></p> <p>You are required to submit verification from all states you currently hold or have ever held a license in, regardless of if your license is still active in that state or not. Please note this is NOT a copy of your license. You MUST contact that State Board for this verification. These can also be emailed directly from the state to obod.board@ok.gov.</p>
	<p align="center"><u>Basic Life Support Certification</u></p> <p>You will need to submit a copy of your BLS card with your application.</p>
	<p align="center"><u>Proof of Citizenship (Birth Certificate) or Qualified Alien Documentation (Passport)</u></p> <p>A copy of your birth certificate is acceptable.</p>
	<p align="center"><u>Copy of Legal Documentation to show any name change(s)</u></p> <p>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></p> <p>Interviews are not always required but are possible and required if requested.</p>
	<p align="center"><u>Jurisprudence Exam</u></p> <p>After your application has been approved by the Board, you will be notified via email to schedule a time and day to take the Jurisprudence Exam. The exam is offered on Thursday's between 9:00-1:00pm by appointment only. You cannot schedule your exam until after your application has been approved. Please wait for the Board to send you the confirmation email.</p>

*****Additional information may be requested at the discretion of 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



For Office Use Only:
License number Issued:

OKLAHOMA STATE BOARD OF DENTISTRY

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

RDH APPLICATION BY CREDENTIALS \$150

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

***How do you want your wall license to read:**

- First, Middle, Last Name (if it will fit in the space)
- Write exactly how you want it to read: _____

Name of Spouse (if applicable) Daytime Phone Number

2. _____
Current Residence Address City State Zip

3. Personal 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. Why are you applying for licensure in the State of Oklahoma?

10. 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 DENTAL HYGIENE (Must be CODA Approved)

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

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

11. I have passed all parts of the National Board Examination ____ YES ____ NO

12. I have passed the _____ Regional Examination Board. Date of Exam: _____ (Must be completed.)
Examination Site: _____

13. OTHER STATE LICENSURE:

Please list all states you currently hold or have held a license to practice Dental Hygiene.

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

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

Reason: _____

15. **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

16. Please read the following carefully. 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, had your license suspended, cancelled, or revoked by any State Board, or ever surrendered a license? _____ 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

17. EMPLOYMENT ADDRESS

I understand Board Rules require my work address be updated within 30 days on my online account.

Initials

CHARACTER REFERENCES

Name: _____ Address: _____

Phone #: _____ Occupation: _____

Name: _____ Address: _____

Phone #: _____ Occupation: _____

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

CERTIFICATION OF DEAN OF THE DENTAL HYGIENE SCHOOL

CERTIFICATE OF COLLEGE GRANTING DEGREE (Must be original signature)

I hereby certify that _____ matriculated in the _____ Dental Hygiene School Program on the _____ day of _____, _____, and attended and successfully completed _____ number of academic years in the Dental Hygiene instruction and graduated with a degree of _____ on the _____ day of _____, _____.

(SEAL of College or University)

SIGNATURE OF DEAN or Representing Secretary

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 Dental/Dental Hygiene 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 license to practice Dentistry or Dental Hygiene 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

THE INFORMATION PROVIDED IN THIS APPLICATION MUST BE TRUE AND CORRECT AT THE TIME SUBMITTED TO THE BOARD OFFICE.

***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)

DENTAL HYGIENE OUT OF STATE REQUEST FOR ADVANCED PROCEDURES

If you are licensed in another state for Administration of Local Anesthesia or Administration of Nitrous Oxide, please note they do NOT automatically transfer. You must be permitted for these procedures by the State of Oklahoma.

Dental Hygienist Name: _____ Date: ___/___/___

Mailing Address: _____

Daytime Phone #: _____ E-Mail Address _____

Name of Dental Hygiene School _____ State: _____

What Advanced Procedures are you requesting?

_____ Administration of Local Anesthesia

_____ Administration of Nitrous Oxide

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.

Please attach the following documentation to this request for the Committee on Allied Dental Education to review:

- _____ Copy of Official Transcript
- _____ Copy of Course Outline with Specific Classroom/Clinical Hours
- _____ A letter from the program director or instructor from your school stating the type of injections given and the number that were given competently. (If you are requesting Administration of Local Anesthesia this information must be from the school)
- _____ Verification of Licensure from any other state you are licensed in.

IMPORTANT: Please be aware that the Committee requires the above documentation and if you cannot/do not submit the above documentation there is no guarantee the Committee will be able to make a recommendation to the Board. Your request will be reviewed at the next regularly scheduled Committee meeting, which are typically 2-3 weeks prior to the Board Meetings. You will be notified in writing once the Committee has made a recommendation and the Board approves such recommendation.

Mail to:
Oklahoma Board of Dentistry
2920 N Lincoln Blvd., Ste B
Oklahoma City, OK 73105

FOR COMMITTEE USE ONLY:

DATE REVIEWED: _____ DATE NOTIFIED: _____

RECOMMENDATION:

