STEP BY STEP INSTRUCTIONS FOR ONLINE RENEWAL -

DENTAL HYGIENISTS

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.
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 districting purposes only. You will designate your correspondence address in a later tab.

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.
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### Practice History

**Account Name:**

This includes any office in which you treated a patient, billed insurance, Medicare or Medicaid for treatment and does not include volunteer participation in an access to treatment or overseas program. If you are a faculty member at the OU college of Dentistry, please list that as well.

<table>
<thead>
<tr>
<th>Name of Practice</th>
<th>Address</th>
<th>City/Province</th>
<th>State</th>
<th>ZIP</th>
<th>County</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

Please click here if you are retired or have not worked in the last year but would like to keep your license current.

- **Add New Employment**
- **Edit Selected Employment**
- **Remove Selected Employment**

Make sure you are hitting the save button!

### Add/Edit Practice Information

Click here to add any practice information currently in the system.

Please remove any practice history in the system that is no longer valid information.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

Add/Edit Practice Information
* Indicates a required field.

* Practice Name

Phone Number xxx-xxx-xxxx

* Supervising Dentist
Enter Last Name of Dentist and then select the Dentist from the list provided.

* Address

* City/Province

County

* State

* Zip xxx-xxx-xxxx

* Country
United States of America

* Position Type

○ Full Time

○ Part Time

Save Practice Information  Back
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.”
Select from the list which address you would like to use and then click on "Set Correspondence Address."
**CORRESPONDENCE ADDRESS TAB**

*DO NOT USE THESE BUTTONS WHILE RENEWING YOUR LICENSE!*

After you have designated your correspondence address, click on the "Back" button to take you back to the main page of renewals.

**REMINDER: DO NOT CLICK ON THE BUTTONS ACROSS THE TOP OF THE SCREEN OR IT WILL REMOVE YOU FROM THE RENEWAL PROCESS!**
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.
Continuing Education

<table>
<thead>
<tr>
<th>Date of CE Class</th>
<th>Course Title</th>
<th>Instructor Name</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/11/2013</td>
<td>Test Class</td>
<td>Test Instructor</td>
<td>4</td>
</tr>
<tr>
<td>05/15/2015</td>
<td>Intro to Ethics</td>
<td>dentaethics.org</td>
<td>1</td>
</tr>
<tr>
<td>06/01/2015</td>
<td>CPR/BLS</td>
<td>American Heart Association</td>
<td>4</td>
</tr>
<tr>
<td>08/01/2015</td>
<td>Test Class</td>
<td>Test Sponsor</td>
<td>4</td>
</tr>
<tr>
<td>08/02/2015</td>
<td>Test class</td>
<td>test</td>
<td>3</td>
</tr>
<tr>
<td>08/03/2015</td>
<td>test</td>
<td>test</td>
<td>2</td>
</tr>
<tr>
<td>09/14/2015</td>
<td>test</td>
<td>test</td>
<td>2</td>
</tr>
<tr>
<td>06/16/2016</td>
<td>test</td>
<td>American Heart Association</td>
<td>5</td>
</tr>
<tr>
<td>06/22/2016</td>
<td>test</td>
<td>test</td>
<td>5</td>
</tr>
<tr>
<td>06/22/2016</td>
<td>test</td>
<td>test</td>
<td>5</td>
</tr>
<tr>
<td>06/24/2016</td>
<td>test</td>
<td>test</td>
<td>5</td>
</tr>
<tr>
<td>06/24/2016</td>
<td>test</td>
<td>test</td>
<td>5</td>
</tr>
</tbody>
</table>

Total Hours: 50
The following error(s) have been found:

You may only enter classes taken between 07/01/2016 at 12:01 PM and 06/30/2019 at 11:59 AM on line 1 of the CE table.

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.

<table>
<thead>
<tr>
<th>Date of CE Class</th>
<th>Type</th>
<th>Course Title</th>
<th>Instructor Name</th>
<th># of hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/28/2016</td>
<td>Class B</td>
<td>test</td>
<td>test</td>
<td>2</td>
</tr>
</tbody>
</table>

Total Hours: 2

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.
Payment Information

Customer Info

* Name On Card
* Address 1:
Address 2:
* City/Province: * State * Zip
* Email Address
Phone: xxx-xxx-xxxx

Itemized Costs

<table>
<thead>
<tr>
<th>Item/Description</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal: Dentist</td>
<td>1</td>
<td>$200</td>
<td>$200</td>
</tr>
</tbody>
</table>

Complete this information and then click “Continue.” The next screen will allow you to confirm the information before entering payment information.

(This will show “Dental Hygienist,” this is only an example screenshot.)

(Hygiene renewal fee is $100, this is only used as an example screenshot.)
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.

(Again, yours will show “Dental Hygienist” for $100, this is only an example screenshot.)
Payment Information

Oklahoma Board of Dentistry - Online Licensing System

Enter your payment information below. After you click CONTINUE, you will be taken to a preview page, where you will finish processing your transaction.

* Indicates required field.

Billing Information

* Name On Account: 

* Address 1: 

Address 2: Suite #, Apt. #

* City/Province: 

* State: OKLAHOMA 

* Zip: 

Country Code: Two-character code (ex. US) 

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.

Email Address: 

Phone: digits only, include area code 

Itemized Costs

<table>
<thead>
<tr>
<th>Item / Description</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Renewal</td>
<td>1</td>
<td>$200.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Dentist</td>
<td>1</td>
<td>$200.00</td>
<td>$200.00</td>
</tr>
</tbody>
</table>

Subtotal

Online Fee

Grand Total

Payment Information

After you select a payment type, additional fields will display to be completed.

* Payment Type: Select Payment Type 

* Account Number: 

Continue | Cancel

The online system only accept Visa and Mastercard.

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.
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.