

TO BEGIN THE ONLINE RENEWAL PROCESS

The screenshot shows the Oklahoma Board of Dentistry License Renewal website. At the top, there is a red banner with the text "TO BEGIN THE ONLINE RENEWAL PROCESS". Below this is the website header with the Oklahoma Board of Dentistry logo and the text "License Renewal". A navigation bar contains "Contact Us" and "State of Oklahoma Website". The main content area is titled "Welcome" and includes a "Registered User:" section with "Username:" and "Password:" input fields, a "Login" button, and a "Login Help" link. Below this is a "New User?" section with an "Enter Email Address below to Register:" input field and a "Register" button. To the right of the "Registered User:" section are links for "Forgot Username", "Reset Password", "Forgot Username and Password", and "Change Email Address". A "Welcome" message explains the online renewal process. Three red callout boxes provide instructions: one for logging in to enter continuing education, one for using help links if having trouble logging in, and one for new users to register with an email address.

This will be the same process as logging in to enter your Continuing Education.

Welcome

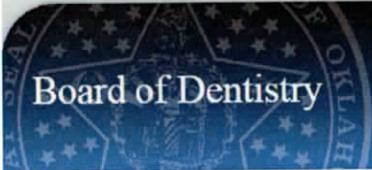
Welcome to the Oklahoma Board of Dentistry Online License Renewal Application. If you are an Oklahoma licensed Dentist, Dental Hygienist or Dental Assistant you can use this online tool to renew your license. Please use the area on the left to login to your account or register for a login if you have not accessed the system previously.

[Forgot Username](#)
[Reset Password](#)
[Forgot Username and Password](#)
[Change Email Address](#)

If you are having trouble logging in, please attempt to use these helpful links before calling the HelpDesk!

New to the online system?
You will not have a username and password yet so you will need to enter your email address here and Register to create an account!

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Welcome, [Redacted]

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Home



- Home
- Personal Info
- Practice History
- Professional Entities
- Drug Licenses and Dispensing Permits
- Insurance
- Continuing Education

Account Name:

License	Lic#	Expiration Date
Dentist	6767200	08/31/2016

[Renew License](#)

**START BY CLICKING ON
"RENEW LICENSE"**

All Licenses expire on December 31st of each year. Late fees will apply to any renewals received on January 1st or after.

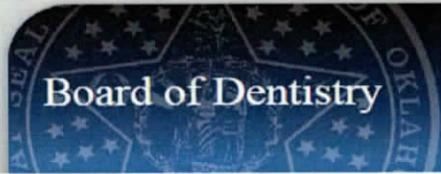
If you fail to renew by March 31st you will need to contact the Oklahoma Board of Dentistry to renew your license. If you have any questions about renewal please contact:

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.





Board of Dentistry

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Welcome, YOUR NAME WILL APPEAR HERE

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License Renewal

#1- Verify this is your name!

#3- Verify your license/permit number here!

License(s) Held	Lic#	Expiration Date
Dentist	6767200	08/31/2016

Continue Cancel

#2- Verify your license/permit type

#4- This date should show 12/31/2015

#5- Once you have verified all the information on this screen click "Continue"

After logging in and verifying your information, you will now begin the renewal process. This is the "electronic" way of filling out your paper renewal application. Please make sure to go through each section and verify all information is updated and correct. Please note some of this information will apply to dentists only. *If you are a Dental Hygienist/Dental Assistant please disregard the pages that say "Dentists Only" on the top of the page.*

Welcome [redacted]
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License Renewal

Personal Information

[Edit](#)

First Name Middle Name Last Name

Social Security Number Date of Birth mm/dd/yy

Official Registration and Correspondance Address

[Edit](#)

This is the address in which you will receive official correspondence from the Board and will be used for the determination of your official district "residential" listing pursuant to the Oklahoma State Dental Act 59 O.S. § 328.7. This location will be considered your "residence" for the purpose of the act and must be within the same county that you currently reside in or your home address.

Mailing Address (Public Record) City/Province County State ZIP Country

Phone Number (xxx-xxx-xxxx) Fax Number (xxx-xxx-xxxx) Cell Number (xxx-xxx-xxxx)

Email Address

* 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.

Practice Information

[Edit](#)

List all office addresses in which you maintain practice or have practiced in the past year.

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.

**PLEASE
NOTICE:**

**EACH SECTION HAS IT'S
OWN EDIT BUTTON. YOU**

WILL NEED TO CLICK ON

THE EDIT BUTTON IN

ORDER TO ENTER THAT

SECTION AND INPUT

INFORMATION.

THIS PAGE APPLIES TO ALL LICENSE/PERMIT HOLDERS!

Logout Account Profile

ome

- Home
- Personal Info
- Practice History
- Professional Entities
- Drug Licenses and Dispensing Permits
- Insurance
- Continuing Education

Personal Information

Account Name:

* Indicates a required field.

First Name Middle Name Last Name

* Social Security Number * Date of Birth

These are REQUIRED by the Oklahoma Tax Commission & State Statute!

You CANNOT change your name in the online system. If your name is different than what shows here, please call the Board Office at (405)522-4844

Official Registration and Correspondence Address

This is the address in which you will receive official correspondence from the Board and will be used for the determination of your official district "residential" listing pursuant to the Oklahoma State Dental Act 59 O.S. § 328.7. This location will be considered your "residence" for the purpose of the act and must be within the same county that you currently reside in or your home address.

* Mailing Address (Public Record)

* City County (Required if Oklahoma selected) * State * Zip

* Country

Employer's Phone Number Employer's Fax Number Cell Phone Number

* Email Address

* 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.

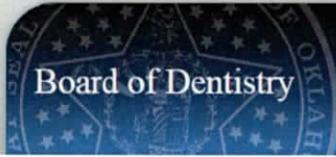
Save Personal Information Back

WHEN YOU ARE DONE UPDATING YOUR PERSONAL INFORMATION, MAKE SURE TO CLICK "SAVE PERSONAL INFORMATION" !!!

PLEASE VERIFY ALL OF THIS INFORMATION. THIS ADDRESS IS WHERE YOUR LICENSE/PERMIT WILL BE MAILED TO YOU.

WE WILL ALSO UPDATE YOUR PHONE NUMBER AND EMAIL ADDRESS TO WHAT YOU ENTER HERE.

ALL BOXES THAT ARE GREEN ARE WHERE YOU WILL MANUALLY INPUT THE INFORMATION. THE OTHER BOXES ARE DROPDOWN BOXES THAT YOU WILL SELECT ONE OF THE OPTIONS.



Board of Dentistry

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Welcome, [Redacted]
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RESULTS The following result(s) have occurred:
You have successfully edited a Personal Information

IF ALL OF YOUR INFORMATION SAVED SUCCESSFULLY, YOU SHOULD SEE THIS PURPLE BANNER CONFIRMING THE SAVE.

YOU SHOULD SEE THIS AS YOU SAVE EACH SECTION SUCCESSFULLY.

License Renewal

Personal Information [Edit](#)

First Name	Middle Name	Last Name
Social Security Number	Date of Birth mm/dd/yy	

Official Registration and Correspondance Address [Edit](#)

This is the address in which you will receive official correspondence from the Board and will be used for the determination of your official district "residential" listing pursuant to the Oklahoma State Dental Act 59 O.S. § 328.7. This location will be considered your "residence" for the purpose of the act and must be within the same county that you currently reside in or your home address.

Mailing Address (Public Record)	City/Province	County	State	ZIP	Country
Phone Number (xxx-xxx-xxxx)	Fax Number (xxx-xxx-xxxx)	Cell Number (xxx-xxx-xxxx)			

THIS PAGE APPLIES TO ALL LICENSE/PERMIT HOLDERS

Board of Dentistry

OK.GOV License Renewal

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Welcome [Redacted]

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Home Personal Info **Practice History** Professional Entities Drug Licenses and Dispensing Permits Insurance Continuing Education

Practice History

Account Name:

List all office addresses in which you maintain practice or have practiced in the past year.
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.

[Add New Employment](#)

Name of Practice	Address	City/Province	State	ZIP	County	Phone Number
No employment history was found.						

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

[Edit Selected Employment](#) [Remove Selected Employment](#) [Save Practice](#) [Back](#)

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Click on this option to add your employer(s) information.

Use "Edit" if you need to change the address or phone number of a previously entered employer

If you have a previously entered employer listed that is no longer your employer, please remove listed employer.

THIS PAGE APPLIES TO ALL LICENSE/PERMIT HOLDERS!

OKLAHOMA GOV License Renewal

Board of Dentistry

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Welcome []
Logout []

Home / Practice Information

Add/Edit Practice Information

* Indicates a required field.

* Practice Name Phone Number xxx-xxx-xxxx

* Address

* City/Province County Please Select * State Oklahoma * Zip xxxxx-xxxx

* Country United States of America

* From mm/dd/yyyy To (Leave blank if still practicing at location.) mm/dd/yyyy

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This page also has fields with a * which means they are required!

Please note this is asking for the Practice Name, not the name of your Supervising Dentist.

THIS PAGE APPLIES TO DENTISTS ONLY!!

Board of Dentistry

OK.GOV License Renewal

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Welcome, [Redacted]

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Home Personal Info Practice History **Professional Entities** Drug Licenses and Dispensing Permits Insurance Continuing Education

Professional Entities

Account Name:

Required by 59 O.S. § 328.31 and 328.31a. This is a name other than a name that clearly identifies the individual dentist for example, "Happy Smiles", "Simpson Group Dental Practice" and "Cruiseway Dental". If your entity is in the name of a singular dentist that is providing the services and is a single provider such as, John Doe, D.D.S., LLC, then you are not required to register that name. The purpose of this is for identification to the public of the individual dentist or dentists practicing under a professional entity or trade name. Signs on buildings, in advertisements or on billing statements or anything used to identify the dental practice other than the individual dentists name, are considered trade names. If you are not already registered you must do so now.

Trade Name Registrations are \$20.00 per entity and will be reflected in your final renewal cost.

[Add New Entity](#)

Name of Entity	Address	City/Province	State	ZIP	County	Phone Number
No employment history was found.						

[Edit Selected Entity](#) [Remove Selected Entity](#) [Back](#)

[Feedback](#)

Here is where you will add your Professional Entity

If the address/phone number has changed, you may edit here.

If you have sold a previously registered Entity, you may remove it by clicking here.

What is a Professional Entity?

A professional entity is a trade name that does not clearly identify the name of the dentist providing the service(s), or any PLLC, LLC, or PC. Signs on buildings, in advertisements, or on billing statements or anything used to identify the dental practice other than the individual's dentist's name, are considered a Professional Entity.

For Example:

- "Joe Dentist, DDS" is NOT a Professional Entity, because it clearly identifies that Joe Dentist, DDS is the doctor providing treatment.
- If it were "Joe Dentist & Associates," it would need to be registered because it indicates that there could be someone besides "Joe Dentist" providing treatment.
- If Joe Dentist's practice name was "Dentist Family Dentistry," it would also need to be registered because it could indicate that the entire "Dentist" family could be providing treatment.

If you are the owner of more than one Professional Entity, you are required to register each location, even if they all have the same name. If there are multiple owners, each owner is required to register each location.

For any questions on if registration is needed, please call the Board Office.

THIS PAGE APPLIES TO DENTISTS ONLY!

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.

Welcome, [Name]
Logout Account Profile

me

Home Personal Info Practice History Professional Entities **Drug Licenses and Dispensing Permits** Insurance Continuing Education

Drug License and Dental Board Dispensing Permits

Account Name:

* Indicates a required field.

* Are you a Medicaid (SoonerCare) or Medicare Provider?
 Yes No

If yes, what is your NPI#?

Do you have any DEA Licenses?
 Check if no licenses held

DEA Lic #	Expiration Date(mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

Do you have any OBN Licenses?
 Check if no licenses held

OBN Lic #	Expiration Date
<input type="text"/>	<input type="text"/>

* Do you wish to register for a Dental Board Dispensing Permit?
 Yes No

Save Back

If you mark "Yes" to this question, you must disclose your NPI Number. This is the number you use to file Medicaid/Medicare.

If you check "No" for a DEA license, then you should check "No" for an OBN License. We are a dual registration state, which means you must have BOTH drug licenses, you cannot have just one.

In order to register for a Dispensing Permit, you must have an active OBN and DEA license, and you must have a current practice location. We will not issue dispensing permits to home addresses or PO Boxes. We must have the actual physical address of the practice. For inquiries on what this permit is for, please refer to the left side of this page.

(THIS PAGE APPLIES TO DENTISTS ONLY)

Home Personal Info Practice History Professional Entities Drug Licenses and Dispensing Permits **Insurance** Continuing Education

Malpractice Insurance (required by State law as of July 1, 2011)

Account Name:

* Indicates a required field.

* Name of Provider

* Policy #

Names of Physicians/Providers covered:

Name
<input type="text"/>

* Policy Limits

I am exempt because:

a: I work for the federal government, a tribal entity, or the State full-time and do not practice outside of that capacity.

b: I am covered by a group or hospital malpractice policy. (attach declaration from hospital policy)

Upload File Here *Acceptable Formats jpg jpeg pdf docx*

No file selected.

c: I will be practicing out of state during this entire year but wish to maintain my Oklahoma license.

d: I will be practicing under a special volunteer or retired license and providing services without compensation.

Attachment	Uploaded By	Date Added	File Size
No files were found.			

Anytime you see a * it means that field is a required field and must be completed before saving.

This section **will not** take any characters... Therefore you would enter your limits like this:

1000000 3000000

NOT this:

\$1,000,000-\$3,000,000

If you check that you are covered by a group policy, you must upload a copy of the declaration page here.

THIS PAGE APPLIES TO ALL LICENSE/PERMIT HOLDERS!

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Attestation

* Indicates a required field.

Since the date of your license application or your last renewal:

- * 1. Have you been suspended from practice, reprimanded, censured, or otherwise disciplined or disqualified as a dentist from any state of licensing jurisdiction or a
 Yes No
- * 2. Have you been the subject of ANY disciplinary action by ANY government, jurisdictional, or licensing authority, federal, state or municipal other than speeding
 Yes No
- * 3. Since your last renewal, have you been convicted of, or pled guilty to, or not contest to any offense related to controlled dangerous substances, a DUI, DWI or A
 Yes No
- * 4. Has a previous professional license or registration of any type held by the applicant under any name or corporate or legal entity been surrendered, revoked, sus
 Yes No
- * 5. Have you ever been physiologically or psychologically addicted to controlled dangerous substances, alcohol or another intoxicating substance?
 Yes No

* If you answered yes to any of the questions listed, please provide an explanation in the box below and attached a letter with the explanation including any charges, dates, county/state, the outcome and your driver's license number or a copy of your driver's license.

500 Characters remaining

Upload File Here Acceptable Formats .jpg .jpeg .pdf .docx

Attachment	Uploaded By	Date Added	File Size
No files were found.			

Affidavit of Hygienist

I do hereby attest that all information or statements made on this form(s) or any information given in connection therewith, to be true and correct. I understand and agree that this is a State of Oklahoma official document and any misrepresentation of fraudulent statement on any part of this form(s) may be grounds for disciplinary action as set forth by the Oklahoma State Dental Act 59 O.S. § Section 328.32(A), as well as other laws under the State of Oklahoma. I further understand that the current continuing education reporting period began on July 1, 2013 and will end on June 30, 2016. During this time frame I must accumulate 30 hours of continuing education credit. I further understand the requirement that I must be certified in a CPR course provided by the American Heart Association/health care provider or the American Red Cross/professional rescuer at least once from July 1, 2013 - June 30, 2016, and that I am responsible for providing documentation of said certificate. I also must have an ethics course from July 1, 2013 - June 30, 2016.

* I understand and agree to the Affidavit above.

You must answer these questions truthfully. Giving false information on a license renewal could result in action taken against your license by the Board.

If you answer "Yes" to any of these questions, please provide a written explanation in the box provided.

If you have any court documents you would like to provide, you may upload them by clicking here.

By checking the above box, you are acknowledging that all information provided in this license renewal is honest and accurate. You understand that if any of the information provided is false, you may be subject to action by the Board of Dentistry. You are also acknowledging that your Continuing Education is due no later than June 30, 2016.

THIS PAGE APPLIES TO ALL LICENSE/PERMIT HOLDERS!

* If you answered yes to any of the questions listed, please provide an explanation in the box below and attached a letter with the explanation including any charges, dates, county/state, the outcome and your driver's license number or a copy of your driver's license.

500 Characters remaining

Upload File Here *Acceptable Formats .jpg .jpeg .pdf .docx*

Browse...

Attachment	Uploaded By	Date Added	File Size
No files were found.			

Remove Selected Attachment

Affidavit of Hygienist

I do hereby attest that all information or statements made on this form(s) or any information given in connection therewith, to be true and correct. I understand and agree that this is a State of Oklahoma official document and any misrepresentation of fraudulent statement on any part of this form(s) may be grounds for disciplinary action as set forth by the Oklahoma State Dental Act 59 O.S. § Section 328.32(A), as well as other laws under the State of Oklahoma. I further understand that the current continuing education reporting period began on July 1, 2013 and will end on June 30, 2016. During this time frame I must accumulate 30 hours of continuing education credit. I further understand the requirement that I must be certified in a CPR course provided by the American Heart Association/health care provider or the American Red Cross/professional rescuer at least once from July 1, 2013 - June 30, 2016, and that I am responsible for providing documentation of said certificate. I also must have an ethics course from July 1, 2013 - June 30, 2016.

* I understand and agree to the Affidavit above.

Continue To Payment Cancel

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ONCE YOU HAVE ANSWERED ALL QUESTIONS HONESTLY, UPLOADED ANY DOCUMENTS, AND CHECKED THE BOX TO COMPLETE THE AFFIDAVIT, CLICK ON "CONTINUE TO PAYMENT."

THIS PAGE IS FOR ALL LICENSE/PERMIT HOLDERS!

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The following result(s) have occurred:

You have successfully added your answers

Payment Information

Customer Info

* Name

* Address 1:

Address 2:

* City/Province:

* State

* Zip xxxxx-xxxx

* Email Address

Phone: xxx-xxx-xxxx

Itemized Costs

Item/Description	Quantity	Unit Price	Total
Renewal: Dentist Hygienist	1	\$100	\$100
		Subtotal	\$100
		Online Fee	\$4.25
		Grand Total	\$104.25

[Continue](#) [Cancel](#)

**THIS IS WHERE YOU WILL ENTER THE
CARDHOLDER'S BILLING INFORMATION THAT
MATCHES UP TO THE CREDIT CARD THAT WILL
BE USED FOR PAYMENT.**

ONCE YOU HIT CONTINUE YOU WILL ENTER CARD INFORMATION AND COMPLETE THE TRANSACTION.

License Renewal Receipt

Thank you for completing your license(s) online. A copy of this receipt has been sent to your email.

Receipt

Payment Date:
 Licensee Name:
 License Renewal:

Payment Information

Name:
 Address 1:
 Address 2:
 State:
 Country:
 Phone:
 Amount Paid:
 Payment Type:
 Last 4: *****

Item / Description	Quantity	Unit Price	Total
License Renewal	1		
	1		
Online fee	1		
Sub Total			
Grand Total			

This is a sample (blank) receipt that should pop up on your screen once your payment has been processed.

Do not exit the system until you have received this on your screen, and be sure to print this for your records.

There is a state mandated online fee that is charged for each online transaction. Unfortunately the Board of Dentistry has no control over this fee. The fees are as follows:

- Dentist: \$7.25
- Dental Hygienist: \$4.25
- Dental Assistants: \$3.25
- Oral & Maxillofacial Surgery Assistants: \$3.25