



Oklahoma State Board of Dentistry

2920 N Lincoln, Ste B

OKC, OK 73105

Phone: (405) 522-4844

Fax: (405) 522-4614

www.ok.gov/dentistry

REQUEST FOR NON-RENEWAL OF LICENSE

Instructions: Fill out with black ink or type only. Please fill out completely. If incomplete this form will be returned.

Date: _____

Name: _____

License Number: _____

I am a: _____ Dentist _____ Hygienist _____ Dental Assistant _____ OMS Assistant

By signing below, you are acknowledging the following:

- It is a felony to practice dentistry without a valid license issued by the State Board of Oklahoma.
- Once the request to not renew has been approved by the Board, you have 5 years to reinstate your license. After that time you will be required to reapply as a new applicant.
- Should you choose to reinstate within 5 years you will not be required to pay any back fees, but you *will* have to provide proof of Continuing Education taken during the time your license was inactive.
- If your license expires in good standing, you will be able to apply for a volunteer license. Please contact the Board Office for further information.

Date Signed Signature

Mailing Address City State Zip

Email Address: _____ @ _____

Daytime Phone #: (_____) _____ - _____

ATTENTION DENTISTS:

The disposition of my dental patient records is as follows:

