



RETIREMENT REQUEST FORM

RETIREMENT STATUS

1. A licensee must apply to the Board for retired status on a form prescribed by the Board before the expiration of the license.
 2. In order to qualify for Retirement status, you must have had a license in good standing for a minimum of 20 years and you must be at least 65 years of age.
 3. If you meet the above requirements you are now eligible for a Retired Volunteer License. *A retired dentist, dental hygienist, or dental assistant with a retired volunteer license or permit shall not receive payment either directly or indirectly for work provided.*
 4. After the Oklahoma State Board of Dentistry has processed your retirement request, you will be notified in writing.
 5. Once you elect Retirement status and it has been approved by the Board, you will have 5 years to reinstate your license before you would be required to apply as a new applicant.
 6. A written request to the Board must be submitted for reactivation of your license and is subject to Board approval. While you will not be required to pay any back fees for the time your license was inactive, you may be required to show proof of Continuing Education received while your license was inactive. The Board also has the authority to add any additional requirements they deem necessary at time of reinstatement.
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	<input type="checkbox"/> DDS <input type="checkbox"/> RDH
Licensee Name	License Number
Mailing Address (Please Print Clearly)	License Expiration Date: _____
	Daytime Phone #: (____) _____ - _____
	Email Address: _____

Would you like to request a Retired Volunteer License/Permit at this time? Yes No

READ AND SIGN BELOW:

I am no longer practicing in the State of Oklahoma and request the State Board of Dentistry place my license in retired status. I understand that upon a request for reactivation I must be in compliance with all applicable laws and rules at that time, and must obtain Board approval. I also understand that by requesting a retired volunteer license/permit, I cannot receive any payment, either direct or indirect, for any work provided.

Signature	Date
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ATTENTION DENTISTS:

The disposition of my dental patient records is as follows:
