Oklahoma State Board of Dentistry
2920 N Lincoln Blvd., Ste B
OKC, OK 73105
Phone: (405) 522-4844
Fax: (405) 522-4614
www.ok.gov/dentistry

DUPLICATE ANNUAL REGISTRATION CERTIFICATE REQUEST AND NAME CHANGE FORM

(For Dentists, Hygienists, and OMS/ Dental Assistants)

Instructions:

1. Use this form to request a duplicate license or permit issued by the State Board of Dentistry.
2. Fill form out completely using blue or black ink and do not leave any questions blank. *If the form is incomplete, it will be mailed back.*
3. Mail this form and your non-refundable fee to the Oklahoma State Board of Dentistry at the address listed above. Payment can be made by check, money order, or cashier's check **(Do NOT send cash).** Please make payment to Oklahoma State Board of Dentistry or OKBOD.
4. If you are requesting a duplicate renewal certificate, please submit $10.00. If you are requesting a new wall license (for dentists and dental hygienists only), please submit $30.00. Also, plan for the wall license to be picked up when it is ready. You will be notified by email at that time or submit a mail fee of $10.00 if you would like it shipped.
5. **Processing and Receiving Your Certificate:** Please allow up to 2-4 weeks for processing. Your certificate will be mailed to the address we have on file for you at the Board of Dentistry.
6. **Name changes**-please attach a copy of your marriage license or divorce decree. Fee $10 per copy.
   - **List former name here**:
   - **List How you want your license to Read Here:**

_____

DATE: _____

NAME: _____

ADDRESS: _____

_____

LICENSE/PERMIT NO: _____

☐ **Check here if the address above needs to be your CURRENT PUBLIC address on file.**

NON-REFUNDABLE FEE:
$10 PER RENEWAL (small) LICENSE/ CERTIFICATE

Dentist & RDH only

$30 PER WALL LICENSE + $10 Mail Fee to Ship

Please Check One

I am a: Dentist ____ Hygienist ____ OMS/ Dental Assistant ____

I AM REQUESTING:

☐ **Annual Renewal -Small license ($10)**	☐ **Specialty License- Small License ($10)**	☐ **Entity Permit ($10)**	☐ **Dispensing Permit($10)**
☐ **Anesthesia Permit-Provider ($10 per location)**	☐ **Anesthesia Permit-Facility ($10 per location)**	☐ **Dental Lab Permit ($10)**	☐ **Wall License ($30)**

____ **Shipping Fee ($10) – Wall License Only**

Number of Certificates Requested:_____ Amount Due: _____

I understand that my new certificate(s) will be mailed to the address currently on file with the State Board of Dentistry and that I have verified my address in the online system prior to submitting this form.

_____ _____

DAYTIME PHONE # **SIGNATURE**