



2026 NEW Dental Assistant Permit Application By CREDENTIALS

Non-Refundable Fee for Permit \$100.00

You must secure this permit within 30 days of employment in a Dental Office!!!

This form must be COMPLETED in full and returned with a check, cashier's check or money order (Non-Refundable)
ONLY to:

Oklahoma State Board of Dentistry
2920 N Lincoln Blvd., Ste. B
OKC, OK 73105

IF THIS APPLICATION IS NOT FILLED OUT IN FULL IT WILL BE RETURNED BY THE BOARD OFFICE

Section I. Official Registration and Correspondence Address

All information in Section I is required

Name: _____ Address: _____

City: _____ County: _____ State: _____ Zip: _____

Daytime Phone: (_____) _____ - _____ Date of Birth: _____ / _____ / _____

Email Address: _____ @ _____ SSN: _____

Have you ever held an Oklahoma Dental license or permit (of any type) under a previous name? Yes / No

List all previous name(s) _____

Section II. List all office in which you practice as a dental assistant in the past year

Current Employing Dentist: _____ Start Date: _____ / _____ / _____

Full Time _____ Part Time _____ Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Section III. Education and Training

1. Are you currently a dental assistant student in Oklahoma? Yes / No If yes, what school? _____

2. Have you ever held expanded functions through another State? Yes / No

If yes, what state? _____ which expanded functions?

XR- _____ CP- _____ SE- _____ N2O- _____

Section IV. You MUST answer all questions below and sign the affidavit.

1. Have you ever been suspended from practice, reprimanded, censured, or otherwise disciplined or disqualified as a Dentist, Dental Hygienist, or Dental Assistant from any State or Licensing Jurisdiction, or are you currently under any investigation?
Yes _____ No _____
****I have read this question carefully and answered honestly _____(initial)***
2. Other than traffic tickets, have you ever been arrested for any crime or the subject of ANY disciplinary action by ANY government agency or licensing authority; Federal, State, or Municipal, even if the case was deferred, dismissed, or expunged?
Yes _____ No _____
****I have read this question carefully and answered honestly _____(initial)***
3. Have you ever been arrested, convicted of, or pled guilty to, or no contest to any offense related to controlled dangerous substances, a DUI, DWI, or APC? Yes _____ No _____
****I have read this question carefully and answered honestly _____(initial)***

****If you answered YES to ANY of the questions listed in Section IV, please attach a letter with an explanation including ANY charges, dates, county/state, and the outcome.***

*****Failure to include this explanation may delay the process of your application.*****

Section V. Continuing Education

1. I understand that between July 1, 2025 and June 30, 2027, I must accumulate and report 2 hours of infection control continuing education credits.
2. I understand that I MUST report my CE online via my online account. To access go to www.ok.gov/dentistry and click on Access my online account on the home page.

Section VI. Affidavit of Dental Assistant

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 or fraudulent statement on any part of this form(s) may be grounds for disciplinary action as set forth by the Oklahoma State Dental Act as well as other laws under the State of Oklahoma.

Dental Assistant Signature: _____ Date: _____

Total Permit and Other Fees:

1. 2025 Dental Assistant Permit (Check, Cashier's check or Money Order Only) - **\$100.00 (Non-Refundable)**

IMPORTANT

Include a color copy of your Driver License or passport (Do Not Cut Out)
Answer all question(s) honestly
Application is Completed and Notarized

THE OKLAHOMA BOARD OF DENTISTRY

Dr. Bobby Carmen Norman, President
Dr. Scott White, Glenpool
Dr. John Folks, Miami
Dr. Krista Jones, Edmond

Sheriff Andrew Simmons, Muskogee
Rachel Ostberg, RDH, Bartlesville
Dr. Lisa Nowlin, Elk City
Dr. Erin Roberts, Enid

Dr. Shawn Scott, Marlow
Chief J.R Kidney, Tecumseh
Dr. Brant Rouse, Ft. Gibson

Please note you CANNOT fill out both affidavits. All natural persons fourteen (14) years of age or older and present in the United States, applying for a license with the Oklahoma Board of Dentistry are required by the provisions of 56 O.S. Supp. 2207 § 71, to provide the Board with verification of lawful presence in the United States by executing on of the Affidavits below before Notary Public or other Officer authorized to notarize Affidavits under State law. The Board's licensing offices are staffed with notaries who are available to provide notary service at no cost to applicants.

Option1- Verification of Citizenship

Affidavit of:

(Applicant's Name)

STATE OF: _____)

COUNTY OF: _____)

_____, of lawful age, being duly sworn, upon oath states, under penalty of
perjury, as follows: **I am a United States Citizen.**

(Signature of Applicant)

Subscribed and sworn to or affirmed before me this _____ day of _____, 20____

By _____
(Applicant)

(Notary)

My Commission Expires: _____

(SEAL)

Option 2- Verifying Qualified Alien Status – Please submit a copy of your passport, green card, etc. with this application!

Affidavit of:

(Applicant's Name)

STATE OF: _____)

COUNTY OF: _____)

_____, of lawful age, being duly sworn, upon oath states, under penalty of
perjury, as follows: **I am a qualified alien under Federal Immigration and Naturalization Act, and I am lawfully present in the United States.**

(Signature of Applicant)

Subscribed and sworn to or affirmed before me this _____ day of _____, 20____

By _____
(Applicant)

(Notary)

My Commission Expires: _____

(SEAL)

DENTAL ASSISTANT OUT OF STATE EXPANDED FUNCTION REQUEST INSTRUCTIONS

This application is for dental assistants who have obtained any expanded function(s) from another state and wish to see if they are eligible for expanded function(s) in the State of Oklahoma.

What to do first:

You must obtain an Oklahoma Dental Assistant Permit before you are legally authorized to work in a dental office and before you are eligible for any expanded function(s). You can find the application on our website at www.ok.gov/dentistry under the Applications and Forms tab. You may submit this request once you have obtained your permit.

Oklahoma Rules and Regulations 195:15-1-4 states that:

“Applicants who successfully complete recognized expanded duty training at a formal dental assisting program approved by the Board and the Commission on Dental Accreditation of the American Dental Association shall be eligible for permits.”

Therefore, you must have completed a CODA approved Dental Assisting program in order to be eligible for any out of state expanded functions. To see if your school is CODA approved, you may go to <http://www.ada.org/en/coda> and click on “Find a Program.” If your school is not on the list of approved programs, you will be required to retake any expanded function course(s) in the State of Oklahoma to be eligible to perform that function. You can contact the Oklahoma Dental Foundation at (405)241-1299 or visit www.okdf.org for course information.

The Committee meets quarterly, so you may not hear anything on your request for up to 3 months, depending on when the Board Office receives your request. You will be notified in writing at the address on file for you once the Committee has made a recommendation and the Board has approved the recommendation. Should the Committee approve you for expanded function(s), the Board Office will send you the appropriate application to complete. You are not authorized to perform any expanded function(s) until it reflects on your permit that is displayed in the dental office.

If you cannot or do not submit a complete packet, there is no guarantee the Committee will be able to make a recommendation to the Board. The Committee reviews your education, not your permit itself, in attempt to establish equivalency in education.

If you have any questions please contact the Board Office during normal business hours at (405)522-4844.

DENTAL ASSISTANT OUT OF STATE EXPANDED FUNCTION REQUEST

If you have received an Expanded Function permit outside of Oklahoma, please be aware that they DO NOT automatically transfer. You must be permitted through the State of Oklahoma.

\$10 Per Expanded Function (NO CASH ACCEPTED)

Dental Assistant Name: _____ Date: ____/____/____

Mailing Address: _____

Daytime Phone Number: _____ Oklahoma Dental Assistant Permit #: DA_____

Name of Dental Assistant School: _____

Program State: _____ Email Address: _____

What expanded function(s) are you requesting?

- ___ Radiation Safety and Protection
- ___ Coronal Polishing & Topical Fluoride
- ___ Pit & Fissure Sealants
- ___ Assisting in the Administration of Nitrous Oxide
- ___ Venipuncture and Phlebotomy
- ___ Elder Care and Public Health (must have 2 years active permit)

Please attach the following documentation to this request for the Committee on Allied Dental Education to review:

☐ **Education:** The course outline on all expanded functions requested and CPR card-if assisting with Nitrous; Official transcripts-**must be in a sealed envelope**. Proof of a valid certificate with a minimum of (1) year

☐ **Verification of Licensure:** Contact the State Board you currently held a license.

☐ **Specific clinical experience:** Letter of recommendation from previous/current employer working for a minimum of (1) year.

☐ **Military Service:** Proof of military service of (2) years with any certifications or training in any of the certification/expanded areas; Verification from the commanding officer of the medical program or appropriate supervisor confirming functions were provided on patients for a minimum of (1) year within the past (5) years.

Once you have a complete packet, please mail to:

Oklahoma State Board of Dentistry
2920 N Lincoln Blvd., Ste. B
OKC, OK 73105