



2026 NEW Dental Assistant Permit Application

Non-Refundable Fee for Permit \$50.00

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, money order or cashier's check 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:(F) _____ (M) _____ (L) _____
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 the State of Oklahoma? Yes / No
If yes, what 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. I do understand that my permit expires on December 31st of each year.

Dental Assistant Signature: _____ Date: _____

Total Permit and Other Fees:

1. 2025 Dental Assistant Permit (Check, Cashier's check or Money Order Only) - **\$50.00 (Non-Refundable)**

****IMPORTANT* This space is not for your ID***
Include a color copy of your Driver License or passport (Full Page)
Answer all question(s) honestly
Application is Completed and Notarized

STATE OF OKLAHOMA BOARD OF DENTISTRY

Dr. Bobby Carmen, Norman, President

Dr. John Folks, Miami

Dr. Erin Roberts, Enid

Dr. Scott White, Glenpool

Sheriff Andy Simmons, Muskogee

Dr. Lisa Nowlin, Elk City

Dr. Shawn Scott, Marlow

Dr. Brant Rouse, Ft. Gibson

Dr. Krista Jones, Edmond

Rachel Ostberg RDH, Bartlesville

Chief J.R. Kidney, Tecumseh

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)

My Commission Expires: _____ (Notary)

(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)