

ORAL MAXILLOFACIAL SURGERY EXPANDED FUNCTION REQUEST

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, 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 may check on Boards website for Board approved courses.

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.

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.An oral maxillofacial surgery expanded duty permit shall be available to a dental assistant who has met the requirements as listed in [Section 328.25](#)

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.

Expanded Function fee is \$10 by CHECK or MONEY ORDER only

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

Mailing Address: _____

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

Email Address: _____

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

Education to review:

☐ **Education:** Successful completion of the Dental Anesthesia Assistant National Certification Examination (DAANCE) provided by the American Association of Oral Maxillofacial Surgeons (AAOMS) or another program or examination as approved by the Board; and

* A valid BLS card

* Applicant has 2 years to complete DAANCE courses applicant should upload certificates to their CE Broker account.

☐ **Employment:** Employment and completion of a minimum of six (6) months of training under the direct supervision of a licensed oral maxillofacial surgeon prior to starting DAANCE or another program or examination as approved by the Board.

☐ **Name of Employing Oral Surgeon & License # (Please Print):** _____

☐ **Signature of Oral Surgeon:** _____

Once you have a complete packet, please mail to:

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