Oklahoma State Board of Dentistry
2920 N Lincoln Blvd, Ste B, OKC, OK 73105 (405) 522-4844

DENTAL APPLICATION CHECKLIST

A completed application packet must be received 30 days prior to the Board Meeting to be placed on the agenda. **All documents must be the original unless otherwise stated.*

	Please make sure to select the appropriate application type and fee: Application by exam – Regional exam must be taken within the last 5 years. Application by credential – Regional exam taken more than 5 years ago and 500 hours worked in the last five years. **Non-Refundable Fee with Completed Application- All portions MUST BE COMPLETED:** Your picture must be a 2x2 **color** photo- taped or glued to the application- Please do not staple the picture or payment to the application. The Board of Dentistry accepts check or money order only- **NO CASH WILL BE ACCEPTED.** Personal checks ARE okay to send in.
	Original National Board Scores/ Certified copy of National Board Scores; Scores are no longer sent by mail- You will need to login to the ADA's website and give request Oklahoma have access to your scores. The Board office will print your scores once we have received an application.
	Regional Exam Scores: You must have taken and passed the CDCA exam or exam by component pursuant to section 328.21 (D) on a live patient or manikin. If the scores are not CDCA and are mailed then, they must be in the original sealed envelope when they arrive at the Board Office unless we can get the scores from the exam website, or they may be emailed to obod.board@ok.gov from the exam to the board.
	Copy of Diploma, Specialty Certificate, Residency Certificate & Verification Report for Specialty Board Certification: You must provide a copy of your official diploma showing the degree awarded. Also, you must include a copy of any residency certificates and your Specialty Certificate of Completion/Diploma and any Board Certifications or Credentials. These may be photocopies of the degrees. **You will need to go to the Specialty Board's website and request a verification of your Board Certification and proof of current specialty board membership. This must be received in the original sealed envelope when it arrives at our office or emailed to us at obod.board@ok.gov (this is for the specialty board verification only). ***
	Official Transcripts: We ask that the school send your final official transcripts to you and then you include them with your application packet. These must be in the original sealed envelope when they arrive at the board office or emailed to us directly from the school (Specialty transcripts if available as well). These maybe emailed directly from the school(s) to obod.board@ok.gov. Two-year program students please also provide a copy of your translated foreign transcripts with your application (these do not need to be certified).
	Verification Report from the National Practitioner Databank: Go to http://www.npdb-hipdb.hrsa.gov and do a self-query. You must include this report even if you have never held a Dental or Dental Hygiene license. Your application will not be eligible to be placed on a Board Agenda without this. It must be in the original sealed envelope when it arrives at our office; we cannot and will not accept the PDF version that is emailed to you.
	Verification From Any Other State You Are Licensed or Have Been Licensed in With State Seal: You are required to submit verification from all states you currently hold or have ever held a license in, regardless of whether your license is still active in that state or not. **Please note this is NOT a copy of your license.** You MUST contact that State Board for this verification. These can also be emailed directly from the state to obod.board@ok.gov.
	Basic Life Support Certification: You will need to submit a copy of your BLS card with your application.
	Proof of Citizenship (Birth Certificate) or Qualified Alien Documentation (Passport) A *copy* of your Birth Certificate with color copy of your photo ID or Driver's License, or Passport (color copy) are acceptable. If you have a work visa, please include a clear color copy.
	Copy of Legal Documentation to show any name change(s): i.e. Marriage license, divorce decree, court ordered name change, etc. This documentation must have a stamp on it showing it has been filed in a Court of Law and signed by a judge.
	Malpractice Insurance: Please provide a copy of your current malpractice insurance declarations page or letter for exemption (IE: working for tribe or other federal agency) with your application. New graduates are exempt.
	Personal Interview (if requested by the Board or Investigator): Interviews are not always required but are possible and required if requested.
	Jurisprudence Exam: *After* your application has been approved by the Board, you will be notified via email to schedule a time and day to take the Jurisprudence Exam. The exam is offered on Thursday's between 9:00-2:00 by appointment only. **You cannot schedule your exam until after your application has been approved. Please wait for the Board to send you the confirmation email.**
	Please note board staff will not communicate with third parties regarding your application. It is the applicant's responsibility to communicate with board staff.

Additional information may be requested at the discretion of the Board.

If an emergency temporary license is needed, they are not issued the week of the board meeting

Please review the Oklahoma Statutes - § 328.21

Application by Exam:
Dentists that have taken a Regional Exam within the last 5 years.

The following exam components are required for a Dentist:

- **Prosthodontics**
- **Periodontics**
- **Endodontics**
- **Anterior Class III and Posterior Class II restorative on a live patient or manikin**
- **Diagnosis and Treatment Planning Section**

Application by credential:

Dentists who took a Regional Exam longer than 5 years ago, who are licensed in another state and have been practicing 5 years immediately prior to turning in the application.

- **Practiced 500 hours in the last five years.**

PHOTOGRAPH OF APPLICANT
Must be a 2x2 **color** photo taken in the last 6 months from the neck up

Please do not staple photo to application

For Office Use Only:
License number Issued:

_____

OKLAHOMA STATE BOARD OF DENTISTRY
2920 N Lincoln Blvd., Ste B
Oklahoma City, OK 73105
Phone: (405) 522-4844

Application for Dentist

General Dentist Exam $200_____ General Dentist Credential $500____
Specialty Exam $300_____ Specialty Credential $500___

If applying for Specialty, specify which Specialty:

☐ Dental Public Health ☐ Endodontics ☐ Oral and Maxillofacial Surgery
☐ Oral and Maxillofacial Radiology ☐ Pediatric Dentistry ☐ Periodontics
☐ Prosthodontics ☐ Dental Anesthesiology ☐ Orthodontics and Dentofacial Orthopedics
☐Oral and Maxillofacial Pathology ☐ Oral Medicine ☐Orofacial Pain

Applicant's Social Security Number: _____ Date: _____

All statements are based on your knowledge unless the statement is expressly qualified to show the source of your information. Each question must be answered fully, truthfully, and accurately. All supporting data must be received before you are placed on an agenda for approval. If the space provided for any question is insufficient, you must attach a separate sheet of paper with the answer. Please specify the number of the question to which it relates and enclose with this application.

I hereby make an application for issuance, to me, a license to practice the above as indicated in the State of Oklahoma, all in accordance with and subject to the Rules and Regulations of the Board of Dentistry and the laws governing to practice Dentistry in Oklahoma.

1. _____
   Last Name First Name Middle Name

***How do you want your wall license to read:**
☐ First, Middle, Last Name (if it fits in the space)
☐ Write exactly how you want it to read: _____

_____
Name of Spouse (if applicable) Daytime Phone Number

2. _____
   Current Residence Address City State County Zip

3. Personal Email Address: _____

4. Cell Phone: (_____)_____ Home Phone: (_____)_____

5. _____
   List any other names in full by which you have been known, the reason therefore, and inclusive dates so known.

6. Place of Birth: _____ Date of Birth: _____

7. ____ ft/ _____ in. / _____ lbs. / Sex: _____ / Race: _____ / Hair: _____ / Eyes: _____

8. Identifying Marks: _____

9. Why are you applying for a license in the State of Oklahoma?

_____

_____

10. EDUCATION- HIGH SCHOOL

	FROM	TO	SCHOOL	LOCATION
1st Year				
2nd Year				
3rd Year				
4th Year				

GENERAL COLLEGE

	FROM	TO	SCHOOL	LOCATION
1ST Year				
2nd Year				
3rd Year				
4th Year				

SCHOOL OF DENTISTRY

	FROM	TO	SCHOOL	LOCATION
1ST Year				
2nd Year				
3rd Year				
4th Year				

POSTGRADUATE (FOR DENTISTS ONLY)

	FROM	TO	SCHOOL	LOCATION
1ST Year				
2nd Year				
3rd Year				
4th Year				

I was a graduate of or will graduate from _____ School of Dentistry.

I graduated or will graduate on _____ / _____ / _____.

11. I have passed all parts of the National Board Examination _____ YES _____ NO

    If you answered NO, please list the date you are scheduled to take your exam_____

12. I have passed the _____Regional Examination Board. Date of Exam: _____ (or are scheduled to take)
    (Name of exam)
    Examination Site: _____

13. **OTHER STATE LICENSURE**:
    Please list all states you currently hold or have held a license to practice Dentistry. If you have a dental assistant permit in Oklahoma please list the number below as well.

State Licensed	License #	License Type	Date Issued	Expiration	Requested Verification	Date Requested

14. List all of your DEA Numbers you have received and in what state received:

_____

15. I have been refused a license in the following states and no others: _____

Reason: _____

16. **PRACTICE HISTORY**-List all employment (temporary, part time, resident, or faculty) since graduation.

Place of Employment	Address	Dates (From/To)	Nature of Practice	Reason for Leaving

For Credential Applicants:

- I do hereby attest that I have practiced a minimum of 500 hours in the last 5 years pursuant to the Oklahoma State Dental Act 59 O.S. § Section 328.21 (1). _____

(Applicant Signature)

17. Please read the following carefully. Answer all the following questions fully and truthfully.
If you answer "YES" to any question, you must attach a written explanation.

- Have you ever been reprimanded, had your license suspended, cancelled, or revoked by any State Board, or ever surrendered a license? _____ YES _____ NO
- Have you ever been the subject of an investigation by any State Board?
_____ YES _____ NO
- Have you ever been summoned, arrested, taken into custody, indicted, convicted, tried for, charged with, or pled guilty to a violation of any law or ordinance or the commission of any Felony or Misdemeanor, or have you been requested to appear before any prosecuting attorney or investigative agency in any manner> (Include all such incidents no matter how minor the infraction or whether guilty or not)
_____ YES _____ NO
- Have you ever been or are you now addicted to the use of drugs, narcotics, or alcohol, in any form, or have you ever been a habitual user thereof? _____ YES _____ NO
- Have you ever been refused membership in the American Dental Association or any state or local society?
_____ YES _____ NO

18. **SPECIALTY TRAINING or Residency Program (For Dentists Only)**
Have you completed a formal Specialty Training Program or Residency program? _____ YES _____ NO
Specialty or Residency Type:_____ Where? _____
Did you graduate? _____ YES _____ NO Date of graduation: _____
Copy of Certificate included _____

19. **EMPLOYMENT ADDRESS**
I understand Board Rules require my work address be updated within 30 days on my online account. If you know the address, list it here. _____

_____
Initials

CHARACTER REFERENCES

Name: _____ Address: _____

Phone #: _____ Occupation: _____

Name: _____ Address: _____

Phone #: _____ Occupation: _____

BOARD OF DENTISTRY- STATE OF OKLAHOMA
2920 N Lincoln Blvd., Ste B
Oklahoma City, OK 73105
(405)522-4844

CERTIFICATION OF DEAN OF THE DENTAL SCHOOL

CERTIFICATE OF COLLEGE GRANTING DEGREE (MUST be original signature)

I hereby certify that _____ matriculated in the _____ Dental School Program on
(School Name)
the _____ day of _____, _____, and attended and successfully completed _____ number of

academic years in the Dental instruction and _____ graduated OR _____ will graduate with a degree of _____ on

the _____ day of _____, _____.

(SEAL of College or University)

_____
SIGNATURE OF DEAN or Representing Secretary

SPECIALTY CERTIFICATION OF DEAN OF THE DENTAL SCHOOL OR PROGRAM DIRECTOR

CERTIFICATE OF COLLEGE GRANTING DEGREE **(Must be original signature)**

I hereby certify that _____ matriculated in the _____ Specialty
(School Name)

Program on the _____ day of _____, _____, and attended and successfully completed _____

(number of academic years in the Specialty Program instruction) and graduated with a Certification of

_____ on the _____ day of _____, _____.

(SEAL of College or University)

_____
Signature of Specialty Program Director or Representing Secretary

AFFIDAVIT

The State of _____

The County of _____

I, _____, the applicant herein, upon oath deposes and say that all facts, statements, and answers contained in this application are true and correct; I am not omitting any information which might be of value to this Board in determining my qualifications and character, whether it is called for or not; and I agree that any falsification omission, or withholding of information of facts concerning my qualifications and character, as an applicant shall be sufficient to bar me from this or any future examination given by the Oklahoma Board and such falsifications, omissions, or withholding shall serve as sufficient grounds for the suspension, cancellation or revocation of my Oklahoma Dental license even though it is not discovered until after issuance. The attached photograph is a true likeness of the applicant. I solemnly declare upon my honor that if granted a license to practice Dentistry in Oklahoma, I will respectfully comply with any law governing the practice of Dentistry in this State and will do my best to uphold and maintain the Ethics of the profession.

I hereby authorize and request, every person, firm, company, corporation, governmental agency, court, association, or institution having control of any documents, records, and other information pertaining to me, to furnish to the Board such information documents, or records or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information. I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements if desired by the Board.

_____

Applicant Signature

NOTARY

Subscribed to before me, the undersigned Notary Public, this _____ day of _____, _____. My commission expires on the _____ day of _____, _____.

_____

Notary Signature

NOTARY SEAL

THE INFORMATION PROVIDED IN THIS APPLICATION MUST BE TRUE AND CORRECT AT THE TIME SUBMITTED TO THE BOARD OFFICE.

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)

_____ My Commission Expires: _____
(Notary)

(SEAL)