Susan Rogers, Esq.
Executive Director

PLEASE ALLOW 2-4 WEEKS TO PROCESS PAPER APPLICATIONS!

J. Kevin Stitt
Governor

STATE OF OKLAHOMA BOARD OF DENTISTRY
APPLICATION FOR LICENSE RENEWAL FOR 2025 - DENTIST

Your license officially expires December 31, 2024!
If postmarked by December 31, 2024, renewal fee is $200

If postmarked after December 31, 2024, renewal fee and late fee is $400.00
You can renew online at www.ok.gov/dentistry
Or
Fill this form out and return with your **Check or Money Order** to:
Oklahoma Board of Dentistry
2920 N. Lincoln Blvd., Suite B
Oklahoma City, OK 73105

Section I. Official Registration and Voting Address

This is the address will be used for the determination of your official District residential listing pursuant to the Oklahoma State Dental Act 59 O.S. § 328.7. This location will be considered your residence for the purposes of the act and must be within the same county that you currently reside in or your home address.

Name:____ License #: _____________ Specialty License #: _____________

Residence Address: __________________________________Social Security # ______ - ______ - ________ (Required by OTC)

City: _________________________ County:________________________ State: _______ Zip:________________

Cell Phone #: ( ) _______-_________ Email: ____________________________ @ _______________________

**Notice: You are required by law to notify DEA, OBN and the Board of Dentistry within 15 days of moving your official address!*

Section II. List all office addresses in which you maintain a practice or have practiced in the past year:

This includes any office in which you treated a patient, billed insurance, Medicare or Medicaid for treatment and does not include volunteer participation in an access to treatment, or overseas program.

1. Current Name of Practice:_______________________________________ Phone: (_) _______ - _________

Office Address:____ Fax: ( ) ________ - ____________

City: __________________________ County:_______________________ State: ________ Zip:______________

2. Name of 2nd Practice (if applicable):______________________________ Phone: ( ) ________ - __________

Office Address:____ Fax: ( ) _________ - ___________

City: ________________________ County:________________________ State: __________ Zip:_______________

3. Name of Former Practice (if applicable):____________________________ Phone: ( ) _______ - __________

Office Address:____ Fax: ( ) _________ - __________

City: ______________________ County:________________________ State: ________ Zip:_________________

*If there are additional locations, please list them on a separate piece of paper and attach it to this application.

***Please indicate which address you would like to use as your Official Correspondence Address-Mandatory:**
This is the address that will reflect on your license and where it will be mailed. This will also be the address that is used for your "Public Record" address.

Address: ___________________________________ City: __________________ State: ______ Zip: __________

Section III. Please read all the questions and sign the attached affidavit below

Since the date of your license application or your last renewal:

1. Have you been suspended from practice, reprimanded, censured, or otherwise disciplined or disqualified as a Dentist from any state or licensing jurisdiction or are you currently under investigation? Yes _____ No ______.
2. Have you been the subject of ANY disciplinary action by ANY government, jurisdictional or licensing authority; federal, state or municipal other than speeding tickets? Yes _________ No _________.
3. Have you ever been arrested, been convicted of, or pled guilty to, or no contest to any offense related to controlled dangerous substances, a DUI, DWI or APC? Yes _________ No __________.
4. Has a previous professional license or registration of any type held by the applicant under any name or corporate or legal entity been surrendered, revoked, suspended, denied, or placed on probation or is any such action pending? Yes _________ No ___________.
5. Have you ever been physiologically or psychologically addicted to controlled dangerous substances, alcohol, or another intoxicating substance? Yes _________ No __________.

If you answered yes to questions 1-5 listed in Section III, please attach a letter with an explanation including any charges, dates, county/state, the outcome and your driver's license number or a copy of your driver's license.

6. I understand it is my responsibility to adhere to the law as it applies to the Prescription Monitoring Program.
   Yes__________ No____________

Section IV. Drug Licenses and Dental Board Dispensing Permit

1. Are you a Medicaid (Soonercare) or Medicare Provider? If so, what is your NPI #? _______________
2. Do you currently hold any DEA Licenses? ____ Yes _____ No
   If so, please list the license numbers/expiration date.

   License #: ______________ Expiration Date: _______________ State: ________

   License #: ______________ Expiration Date: _______________ State: ________

   License #: ______________ Expiration Date: _______________ State: ________

3. Do you currently hold an OBN License? ____ Yes ____ No
   If yes, please list the license number and expiration date.

   License #: ______________ Expiration Date: ________________

4. Do you wish to register for a Dental Board Dispensing Permit? ___Yes ___No
   **You are only eligible for a Dispensing Permit if you hold a valid OBN/DEA license. For information regarding the purpose of a Dispensing Permit, please contact the Board Office or visit the Statutes and Rules tab of our website.*

Section V. Malpractice Insurance (required by State law as of July 1, 2011)

PLEASE INCLUDE A COPY OF YOUR DECLARATION PAGE TO THIS RENEWAL APPLICATION OR COMPLETE THE FOLLOWING FOR AN EXEMPTION.

I am exempted because:

a. I work for the federal government, a tribal entity or the State full-time and do not practice outside of that capacity _____

b. I am covered by a group or hospital malpractice insurance policy. (Attach declaration page from hospital policy) _____

c. I will be practicing out of state during the entire year but wish to maintain my Oklahoma license _____

d. I will be practicing under a Special Volunteer or Retired License and providing services without compensation _____

Section VI. PROFESSIONAL ENTITY APPLICATION

$20.00 (per owner, per entity)

IN-STATE ONLY

Registration/Renewal of a Professional Entity or Trade Name

☐Initial Registration ☐ Renewal

A Professional Entity is a trade name that does not clearly identify the name of the dentist(s) providing services OR any PLLC, LLC, PC, or Inc. Signs on buildings, in advertisements, or on billing statements or anything used to identify the dental practice other than the individual dentist's name, are considered a Professional Entity. Trade name registrations are $20.00 per Entity and should reflect in your final renewal cost. If you have not previously registered your Professional Entity, you may do so now. If you have previously registered a Professional Entity, please use this form as the renewal.

NOTE: THE COST IS PER OWNER, PER ENTITY. YOU ARE REQUIRED TO REGISTER ANY ENTITY YOU OWN ALL OR PART OF. IF THERE ARE MULTIPLE LOCATIONS, PLEASE MAKE COPIES OF THIS FORM AND SUBMIT ONE FOR EACH LOCATION.

____

Name of Professional Entity Current Telephone #

____

Address (Each location is a separate registration) City State Zip Code

Please list names of ALL Dentist, Hygienist, and Dental Assistants: License or Specialty # / Type

1. ________________________________ ________________
2. ________________________________ ________________
3. ________________________________ ________________
4. ________________________________ ________________
5. ________________________________ ________________
6. ________________________________ ________________
7. ________________________________ ________________
8. ________________________________ ________________
9. ________________________________ ________________
10. ________________________________ ________________

Who Owns the Entity:____

Section VII. Continuing Education

1. I understand that between July 1, 2023 and June 30, 2025, I must accumulate and report 40 hours of continuing education credit and that no more than 50% may be obtained online.
2. I understand that a BLS course provided by the American Heart Association/Heath Care Provider, or the American Red Cross/Professional Rescuer is required at least once in the current reporting period. **NO ONLINE CPR!**
3. I understand that I must have an Ethics course- For a free online course go to: www.dentalethics.org.
4. I understand that I must have a minimum of a two-hour Opioid course.
5. I understand that I will no longer submit CE cards to the Board of Dentistry and ***my CE MUST be reported online.***

Section VIII. Affidavit of Dentist

Affidavit of Dentist

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 59 O.S. § Section 328.32 (A), as well as other laws under the State of Oklahoma.

Dentist's Signature ____ Date: _________________________

TOTAL LICENSE AND OTHER FEES-

THE BOARD OFFICE DOES NOT ACCEPT CASH. PLEASE SUBMIT PAYMENT BY CHECK OR MONEY ORDER ONLY.

1. Dental License Renewal (Mandatory)	$200.00
2. Professional Trade Entity ($20.00 per Entity)	$_________
3. Dispensing Permit Fee	$ 0
4. Late fee if not postmarked by December 31, 2024	$200.00
	Total $_____________

STATE OF OKLAHOMA BOARD OF DENTISTRY

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