



STATE OF OKLAHOMA BOARD OF DENTISTRY
APPLICATION FOR LICENSE RENEWAL FOR 2025 - DENTAL HYGIENE

Your license officially expires December 31, 2024!
If postmarked by December 31, 2024, renewal fee is \$100
Non-Refundable Fee

If postmarked after December 31, 2024, renewal fee and late fee is \$200.00

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

*IMPORTANT INFORMATION: THE BOARD OFFICE WILL NOT BE PROCESSING ANY NAME CHANGES DURING RENEWAL PERIOD.
PLEASE MAKE SURE YOU LIST YOUR NAME AS YOU ARE CURRENTLY LICENSED BY THE BOARD.

Section I. Official Registration Address

This is the address that will be used for the determination residential listing pursuant to the Oklahoma State Dental Act 59 O.S. 328.7. This is for voting purposes only and will NOT be used as your public correspondence address.

Name: (F) _____ (M) _____ (L) _____ Lic #: _____
Address: _____ Social Security # _____ - _____ - _____ (Required by OTC)
City: _____ County: _____ State: _____ Zip: _____
Cell Phone #: () _____ - _____ Date of Birth: _____ / _____ / _____
Email: _____ @ _____

Section II. List all office addresses in which you 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. Use additional sheets if necessary.

1. Current Employing Dentist: _____ Name of Practice: _____
Office Address: _____ Phone: () _____ - _____
City: _____ County: _____ State: _____ Zip: _____
2. 2nd Employer (if applicable): _____ Name of Practice: _____
Office Address: _____ Phone: () _____ - _____
City: _____ County: _____ State: _____ Zip: _____
3. Former Employer (if applicable): _____ Name of Practice: _____
Office Address: _____ Phone: () _____ - _____
City: _____ County: _____ State: _____ Zip: _____

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

I did NOT actively practice this year _____

Official Public 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 Dental Hygienist 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, pled guilty or no contest to or received a deferred sentence or conviction for any misdemeanor/felony involving controlled dangerous substances (drugs) or alcohol use such as DUI, DWI or APC or public intoxication?
Yes _____ No _____.
4. Have you ever been arrested, pled guilty or no contest to or received a deferred sentence or conviction for any felony?
Yes _____ No _____.
5. Have you had a previous license or registration of any type held by the applicant under any name that has been surrendered, revoked, suspended, denied, or placed on probation or is any such action pending?
Yes _____ No _____.

****If you answered yes to any of the questions 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.***

Section IV. Continuing Education

I understand that between July 1, 2023 and June 30, 2025, I must accumulate 20 hours of continuing education credit and that no more than 50% may be obtained online. I understand that a BLS course must be completed. **(No online CPR!)**

I understand that I must have an Ethics course- For a free online course go to: www.dentaethics.org.

I understand that I will no longer submit CE cards to the Board of Dentistry and **my CE MUST be reported online.**

Section V. Affidavit of Dental Hygienist

I would like to add therapeutic use of lasers advanced procedure to my license. I do hereby attest that I currently hold the local anesthesia license have been licensed for two or more years and/or have completed eight (8) hours of training for the use of lasers in dentistry. _____ Please initial (Please attach your certificate)

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.

Dental Hygienist’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 Hygiene License Renewal | \$100.00 |
| 2. Therapeutic use of Lasers Advanced Procedure | \$10.00 (One-time Fee only) |
| 3. Late Fee (If not postmarked on or before December 31, 2024) | \$100.00 |

TOTAL ENCLOSED \$ _____

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