



STATE OF OKLAHOMA BOARD OF DENTISTRY  
APPLICATION FOR PERMIT RENEWAL FOR 2025-2026

**FELLOWSHIP PERMIT**

**Your permit officially expires June 30, 2025!**  
**If postmarked by June 30, 2025, renewal fee is \$100**  
**If postmarked after June 30, 2025, renewal fee and late fee is \$200.00**  
***Non-Refundable Fee***

Fill this form out and returned with your Check or Money Order to:  
Oklahoma Board of Dentistry  
2920 N. Lincoln Blvd., Suite B  
Oklahoma City, OK 73105  
Phone (405)522-4844

**Section I. Official Registration Address**

*This address will be considered your "home" address.*

**This is for Board Use Only and will NOT be posted on the website.**

Name: \_\_\_\_\_ Fellowship Permit #: FE- \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Required by OTC)  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

**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 2<sup>nd</sup> 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.

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

Since the date of your permit 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 ever been arrested or 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, 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 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. Affidavit of Fellow**

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.

Fellow Signature \_\_\_\_\_ Date: \_\_\_\_\_

**TOTAL PERMIT AND OTHER FEES**

- |  |             |          |
|--|-------------|----------|
| 1. Fellowship Permit Renewal                   | (mandatory) | \$100.00 |
| 2. Late fee if not postmarked by June 30, 2025 |             | \$100.00 |

Total \$ \_\_\_\_\_

**SIGNATURE OF DEAN OF DENTAL SCHOOL**

I certify that the above is a full-time Resident at the OU College of Dentistry.

**OUCOD Dean Signature:** \_\_\_\_\_ Date: \_\_\_\_\_



**STATE OF OKLAHOMA BOARD OF DENTISTRY**

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