



STATE OF OKLAHOMA BOARD OF DENTISTRY
APPLICATION FOR PERMIT RENEWAL FOR 2026 - DENTAL ASSISTANT

Your permit officially expires December 31, 2025!

If postmarked by December 31, 2025, renewal fee is \$50

Non-Refundable Fee for Permit \$50.00 or \$100.00

If postmarked after December 31, 2025, renewal fee and late fee is \$100.00

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

Phone (405)522-4844

***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 PERMITTED BY THE BOARD. IF YOU DO NOT KNOW YOUR PERMIT NUMBER, YOU MAY FIND IT BY VISITING THE VERIFICATIONS TAB ON OUR WEBSITE.**

Section I. Official Registration and Correspondence Address

This is the address in which you will receive official correspondence from the Board and will reflect on your permit.

DA Permit # DA_____

Name: (F) _____ (M) _____ (L) _____ DOB: ____ / ____ / ____

Registration Address: _____ Social Security # ____ - ____ - ____ (Required by OTC)

City: _____ County: _____ State: _____ Zip: _____

Daytime Phone #: () _____ - _____ 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 were employed by a dentist for any purpose.

1. Current Employing Dentist: _____ Name of Practice: _____

Office Address: _____ Phone: () _____ - _____

City: _____ County: _____ State: _____ Zip: _____

2. 2nd Employer (if applicable): Dentist Name: _____ Name of Practice: _____

Office Address: _____ Phone: () _____ - _____

City: _____ County: _____ State: _____ Zip: _____

3. Former Employer (if applicable): Dentist Name: _____ Name of Practice: _____

Office Address: _____ Phone: () _____ - _____

City: _____ County: _____ State: _____ Zip: _____

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

I did NOT actively practice this year_____.

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

Since your last renewal or date of application:

1. Have you been suspended from practice, reprimanded, censured, or otherwise disciplined or disqualified as a Dental Assistant 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 traffic 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. Failure to disclose could result in delay of renewal and possible appearance at the next regularly scheduled Board Meeting.**

Section IV. Continuing Education

1. I understand that between July 1, 2025 and June 30 2027, I must accumulate and report 2 hours of infection control continuing education credits for a regular dental assistant permit. A dental assistant with an oral maxillofacial surgery expanded duty permit shall complete eight (8) hours of continuing education every two (2) years in classes approved by AAOMS that are certified by the American Dental Association CERP program or another program approved by the Board. The continuing education requirement shall include at least one (1) hour on infection control and BLS.
2. I understand that I MUST report my CE online via my CE Broker account. To access your CE Broker account go to www.cebroke.com.

Section V. Affidavit of Dental Assistant

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 Assistant Signature _____ Date: _____

TOTAL PERMIT AND OTHER FEES-

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

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|--|---------|
| 1. Assistant Permit Renewal (Mandatory) | \$50.00 |
| 2. Late fee if not postmarked by December 31, 2025 | \$50.00 |

TOTAL ENCLOSED \$ _____



STATE OF OKLAHOMA BOARD OF DENTISTRY

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