



**STATE OF OKLAHOMA BOARD OF DENTISTRY**  
**APPLICATION FOR LICENSE RENEWAL FOR 2026 - DENTAL HYGIENE**

**Your license officially expires December 31, 2025!**

**If postmarked by December 31, 2025, renewal fee is \$100**

***Non-Refundable Fee***

**If postmarked after December 31, 2025, renewal fee and late fee is \$200.00**

You can renew online at [www.ok.gov/dentistry](http://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. 2<sup>nd</sup> 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, 2025 and June 30, 2027, 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](http://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 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. Late Fee (If not postmarked on or before December 31, 2025) | \$100.00 |

TOTAL ENCLOSED \$ \_\_\_\_\_

**OKLAHOMA STATE BOARD OF DENTISTRY**

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