



STATE OF OKLAHOMA BOARD OF DENTISTRY
APPLICATION FOR PERMIT RENEWAL FOR 2026-2027

FELLOWSHIP PERMIT

Your permit officially expires June 30, 2026!

If postmarked by June 30, 2026, renewal fee is \$100

If postmarked after June 30, 2026, 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 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.

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, 2026 | | \$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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