

Susan Rogers, Esq
Executive Director



J. Kevin Stitt
Governor

STATE OF OKLAHOMA BOARD OF DENTISTRY APPLICATION FOR A PERMIT TO OPERATE A MOBILE DENTAL CLINIC

This form must be filled out **IN FULL** and returned with following items:

- Color copy of driver's license for ALL Mobile Dental Clinic owners
- Notarized and signed citizenship affidavit for ALL Mobile Dental Clinic owners
- Page 3 of this application for ALL Mobile Dental Clinic owners

Fee for Mobile Dental Clinic-\$300 **(Non-Refundable fee)**

****Failure to complete form or submit required documentation will prevent processing****

Return application and payment to:

Oklahoma State Board of
Dentistry 2920 N Lincoln,
Ste. B
OKC, OK 73105

Section I. Official Registration and Correspondence Address

Official Legal Mobile Dental Clinic Name: _____

Mobile Dental Clinic Address **(NO PO BOX ALLOWED):** _____

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

Mobile Dental Clinic Vehicle License Plate Number _____ Plate State: _____

Make: _____ Model: _____ VIN: _____

X-rays Being Completed : Yes or No

Current X-ray Permit from Health Department? Permit # _____

(The above information will be posted on the website)

Mobile Dental Clinic Owner Name: First: _____ MI: _____ Last: _____

Residential Address: City: _____ State: _____ Zip: _____ County: _____

Daytime Phone #: (_____) _____ - _____ SSN _____ - _____ - _____

Email Address: _____

Oklahoma Tax ID#: _____ (Please attach a copy to this application)
(Required by OTC)

Oklahoma Dental License # of Treating Dentist: _____

List the Location of the Dental Office for Follow-up treatment _____

(We will not post the above information on the website; it is for Board Use only!)

Section II. Owner of Mobile Dental Clinic

If Multiple Owners, please list all Mobile Dental Clinic owners:

1. Mobile Dental Clinic Owner Full Legal Name: _____
2. Mobile Dental Clinic Owner Full Legal Name: _____

List the names, type of license and number each employee that works for Mobile Dental Clinic:

1. Name: _____ License Type: _____
2. Name: _____ License. Type: _____
3. Name: _____ License Type: _____

(Use additional sheets if necessary)

Section III: Please read and answer the questions below:

1. 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
2. Have you ever pled guilty or no contest to or received a deferred sentence or conviction for any misdemeanor involving controlled dangerous substances (drugs) or alcohol use such as DUI, DWI, or APC or Public Intoxication? _____ YES _____ NO
3. Have you ever pled guilty or no contest to or received a deferred sentence or conviction for any felony? _____ YES _____ NO
4. 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 above, you are required to attach a letter with an explanation including any charges, dates, county/state, and the outcome.***

Section IV: Affidavit of Mobile Dental Clinic Owner

I do hereby attest that all information or statements made on this form 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 may be grounds for disciplinary action as set forth by the Oklahoma State Dental Act as well as other laws under the State of Oklahoma. I have read and understand the State Dental Act and Rules of the State Board of Dentistry and agree to abide by them.

Mobile Dental Clinic Owner Signature: _____ Date: _____

What address would you like to receive official correspondence from the Board:

TOTAL LICENSE AND OTHER FEES

Mobile Dental Clinic Permit Renewal **\$300**

THE STATE OF OKLAHOMA BOARD OF DENTISTRY

Dr. Bobby Carmen Norman, President
Dr. Lisa Nowlin, Elk City
Dr. J. Mark Folks, Miami
Dr. Krista Jones, Edmond

Dr. Scott Breland, Sapulpa
Rachel Ostberg, RDH, Bartlesville
Dr. Shawn Scott, Marlow
Dr. Erin Roberts, Enid

Sheriff Andrew Simmons
Chief J.R. Kidney, Tecumseh
Dr. Brant Rouse, Ft. Gibson

Please note you CANNOT fill out both affidavits. All natural persons fourteen (14) years of age or older and present in the United States, applying for a license with the Oklahoma Board of Dentistry are required by the provisions of 56 O.S. Supp. 2207 § 71, to provide the Board with verification of lawful presence in the United States by executing on of the Affidavits below before Notary Public or other Officer authorized to notarize Affidavits under State law. The Board's licensing offices are staffed with notaries who are available to provide notary service at no cost to applicants.

Option1- Verification of Citizenship

Affidavit of:

(Applicant's Name)

STATE OF: _____)

COUNTY OF: _____)

_____, of lawful age, being duly sworn, upon oath states, under penalty of perjury,
as follows: **I am a United States Citizen.**

(Signature of Applicant)

Subscribed and sworn to or affirmed before me this _____ day of _____, 20____

By _____
(Applicant)

My Commission Expires: _____

(Notary)

(SEAL)

Option 2- Verifying Qualified Alien Status –Please submit a copy of your passport, green card, etc. with this application!

Affidavit of:

(Applicant's Name)

STATE OF: _____)

COUNTY OF: _____)

_____, of lawful age, being duly sworn, upon oath states, under penalty of perjury,
as follows: **I am a qualified alien under Federal Immigration and Naturalization Act, and I am lawfully present in the United States.**

(Signature of Applicant)

Subscribed and sworn to or affirmed before me this _____ day of _____, 20____

By _____
(Applicant)

My Commission Expires: _____

(Notary)

(SEAL)