

The background of the page features a large, semi-transparent watermark of the Oklahoma Board of Dentistry seal. The seal is circular with a yellow border containing the text "OKLAHOMA BOARD OF DENTISTRY". Inside the seal is a blue triangle with a white caduceus (a staff with two snakes and wings) in the center.

STEP BY STEP INSTRUCTIONS FOR ONLINE RENEWAL-
DENTAL ASSISTANTS

NEED ASSISTANCE WITH LOGGING IN TO THE SYSTEM?

CALL THE HELPDESK AT (405)521-2444.

THE BOARD OFFICE HAS NO ACCESS TO USERNAMES OR PASSWORDS.

NEED HELP ONCE YOU ARE IN THE SYSTEM?

CALL THE BOARD OFFICE AT (405)522-4844.

**PLEASE READ ALL NOTES/INSTRUCTIONS BEFORE CALLING THE BOARD
OFFICE.**



Board of Dentistry



Continuing Education & License Renewal

[Contact Us](#) [State of Oklahoma Website](#) [My Profile](#) [My Access](#)

Welcome,

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[Home](#) / [Licensee Search](#) / [Licensee Details](#) / [Renew License\(s\)](#)

License Renewal

License(s) Held	Lic#	Expiration Date
Dental Assistant		

Permit(s) Held	Lic#	Expiration Date
Nitrous		
Coronal Polishing		
Sealants		
Radiation Safety		

[Continue](#)

[Cancel](#)





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License Renewal

Personal Information

Edit

First Name

Middle Name

Last Name

Social Security Number

Date of Birth mm/dd/yy

Official Correspondence Address

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

Registration Address City/Province County State ZIP Country :

Phone Number (xxx-xxx-xxxx)

Fax Number (xxx-xxx-xxxx)

Cell Number (xxx-xxx-xxxx)

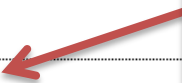
Email Address

* Notice - you are required by law to notify DEA, OBN and the Dentistry Board within 15 days of moving your official address. DEA and OBN have been fining registrants for violating this rule so make sure you notify each if you move.

Practice Information

Edit

Start by clicking on the first "Edit" button. This will allow you to update/verify/add your personal information.



Welcome,
Logout Account Profile

Home / Licensee Search / Licensee Details

Dental Assistant

- Home Personal Info Practice History Questions and Affidavit Transaction

Personal Information

* Indicates a required field.

* First Name Middle Name * Last Name

Social Security Number Date of Birth mm/dd/yyyy

PLEASE MAKE SURE YOU FILL IN ALL OF THE INFORMATION REQUESTED. THE ADDRESS YOU LIST WILL BE THE ADDRESS THAT SHOWS ON YOUR PERMIT AND WHERE IT WILL BE MAILED.

Official Correspondence Address

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

Registration Address

City County (Required if Oklahoma selected) State Zip xxxxx-xxxx

Country United States of America

Employer's Phone Number xxx-xxx-xxxx Employer's Fax Number xxx-xxx-xxxx Cell Phone Number xxx-xxx-xxxx

Email Address

* It is important that you notify the Board within 15 days of moving or changing your address. You may miss official notifications and mail.

City

County (Required if Oklahoma selected)

State

Zip XXXXX-XXXX

Country

Employer's Phone Number XXX-XXX-XXXX

Employer's Fax Number XXX-XXX-XXXX

Cell Phone Number XXX-XXX-XXXX

Email Address

* It is important that you notify the Board within 15 days of moving or changing your address. You may miss official notifications and mail.

Save Personal Information

Back

DISCLAIMER: THIS INFORMATION
EDUCATION HOURS TO ANY OTHER

REPORT CONTINUING
BOARD OF DENTISTRY.

MAKE SURE TO SAVE YOUR INFORMATION ONCE THIS PAGE IS COMPLETE AND THEN CLICK ON THE "BACK" BUTTON. IF YOU TOGGLE THROUGH THE TABS ON THE TOP IT WILL TAKE YOU OUT OF THE RENEWAL PROCESS.



Welcome, [User Name]
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Dental Assistant #

Do not toggle through these tabs on the top or it will kick you out of the renewal side. Make sure you use the bottom buttons!

- Home
- Personal Info
- Practice History**
- Questions and Answers
- Transaction

Practice History

List all office addresses in which you maintain practice history as stated in the past year.

This includes any office in which you treated a patient, to treatment, or overseas program. If you are a faculty member

Click here to add new employer information

include volunteer participation in an access

Add New Employment

Name of Practice	Address	City/Province	State	ZIP	County	Phone Number
No employment history was found.						

Please click here if you are retired or have not worked in the last year but would like to keep your license current.

Edit Selected Employment

Remove Selected Employment

Save Practice **Back**

Remember to save and go back by these buttons, not the top, so you don't get removed from the renewal side!

If you need to make changed to an existing employer, click here.

If you have employer information that is no longer current, please remove it from the system by clicking here.

DIS... IN VERIFI...
EDUCATION HOURS TO ANY OTHER ENTITY. ALL OF THE

SHOULD NOT BE USED TO REPORT CONTINUING
THE OKLAHOMA STATE BOARD OF DENTISTRY.

Welcome

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Add/Edit Practice Information

* Indicates a required field.

* Practice Name Phone Number xxx-xxx-xxxx

* Supervising Dentist
Enter Last Name of Dentist and then select the Dentist from the list provided

This is asking for the name of your supervising dentist. Once you begin typing, a list of dentists will appear and you can select the specific dentist name.

* Address

* City/Province County * State * Zip xxxxx-xxxx

* Country

* Position Type
 Full Time
 Part Time

License Renewal

Personal Information

[Edit](#)

First Name

Middle Name

Last Name

Social Security Number

Date of Birth mm/dd/yy

Official Correspondence Address

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

Registration Address City/Province County State ZIP Country

Phone Number (xxx-xxx-xxxx)

Fax Number (xxx-xxx-xxxx)

Cell Number (xxx-xxx-xxxx)

Email Address

* Notice - you are required by law to notify DEA, OBN and the Dentistry Board within 15 days of moving your official address. DEA and OBN have been fining registrants for violating this rule so make sure you notify each if you move.

Practice Information

[Edit](#)

[List all office addresses in which you maintain 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 a temporary office, a teaching office, or an overseas program. If you are a faculty member at the OU college of Dentistry, please list that as well.

Name of Practice	Address	City/Province	State	ZIP
No employment history was found.				

[Continue](#)

[Back](#)

[Cancel](#)

Once you have completed your personal information and practice information, you should see this screen. If you do not see this screen, you have toggled through the tabs across the top and you are no longer in the renewal side. If you do see this screen, you will click continue to get to the affidavit and payment screens.

Make sure you slow down and read these questions carefully. Failing to disclose any history could prevent your renewal from being processed until you appear at a Board Meeting.

***Please note this is asking “Since the date of your application or since your last renewal” meaning if you have previously disclosed something, you do not need to continue disclosing. You will only answer “Yes” if something has changed since you either first applied or renewed last year.**

Attestation

* Indicates a required field.

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 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 speeding tickets?

Yes No

* 3. Have you 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 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

Attachment	Uploaded By	Date Added	File Size
No files were found.			

[Remove Attestation Attachment](#)

Affidavit of 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 of fraudulent statement on any part of this form(s) 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 understand and agree to the Affidavit above.

Welcome [redacted]

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[Home](#) / [Licensee Search](#) / [Licensee Details](#) / [Renewal Confirmation](#) / Questions and Affidavit

Attestation

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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 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 speeding tickets?

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Yes No

Attachment	Uploaded By	Date Added	File Size
No files were found.			

[Remove Attestation Attachment](#)

Affidavit of Assistant

I do hereby attest that all information or statements made on this form(s) or any information given in connection with this application is true and correct and that this is a State of Oklahoma official document and any misrepresentation of fraudulent statement on any part of this application is set forth by the Oklahoma State Dental Act as well as other laws under the State of Oklahoma.

* I understand and agree to the Affidavit above.

[Continue To Payment](#)

[Cancel](#)

Once you have answered the questions honestly and correctly, you will click here to continue to the payment screen!

*Make sure to keep a copy of your receipt once it generates. The Board Office does not provide receipts and cannot regenerate them.