

**STEP BY STEP INSTRUCTIONS FOR
ONLINE RENEWAL-**

DENTISTS

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.**



Welcome,

[Logout](#) [Account Profile](#)

Home

Dentist Name

Dentist #123456

- Home
- Personal Info
- Practice History
- Professional Entities
- Correspondence
- Drug Licenses and Dispensing Permits
- Insurance
- Cont

Account Name: Dentist Name

License	Lic#	Expiration Date
Dentist	123456	12/31/2016

[Renew License](#)



Click on "Renew License" when you are ready to renew!

All Licenses expire on December 31st of each year. Late fees will apply to any renewals received on January 1st or after.

If you fail to renew by March 31st you will need to contact the Oklahoma Board of Dentistry to renew your license. If you have any questions about renewal please contact:

Oklahoma Board of Dentistry
2920 N. Lincoln Blvd., Suite B
Oklahoma City, OK 73105

Notice

If you are a Medicaid (Soonercare) provider and you do not renew your license before January 1, you will be considered out of licensure for the purpose of billing and could be required to repay any claims billed during the time you did not have an active license. Please renew your license as soon as possible. Additionally your insurance company and any hospital you practice at will call us to verify your license is current on January 1.

DISCLAIMER: THIS INFORMATION HAS NOT BEEN VERIFIED BY THE OKLAHOMA STATE BOARD OF DENTISTRY AND SHOULD NOT BE USED TO REPORT CONTINUING EDUCATION HOURS TO ANY OTHER ENTITY. ALL OF THE ABOVE ENTERED INFORMATION IS SUBJECT TO AUDIT BY THE OKLAHOMA STATE BOARD OF DENTISTRY.

Welcome, [Name]
Logout Account Profile

Home / Licensee Search / Licensee Details / Renew License(s) / Renew

You will need to click on this button for each portion of the renewal to update the information. Please review every tab of the renewal to verify the information. We have added new boxes in each tab also that you will need to complete!

License Renewal

Personal Information

Edit

First Name Middle Name Last Name

Social Security Number Date of Birth mm/dd/yy

Official Registration Address

This is the address that will be used for the determination of your official district residential listing pursuant to the Oklahoma State Dental Act 59 O.S. § 328.7. This is for voting purposes only and will NOT be your public or Correspondence address.

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

PLEASE MAKE SURE TO GO THROUGH EACH PORTION OF THE RENEWAL TO MAKE SURE ALL INFORMATION IS COMPLETE TO AVOID GETTING AN ERROR MESSAGE THAT WILL PREVENT YOU FROM RENEWING!

PERSONAL INFORMATION TAB

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Dentist #

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Personal Information

Account Name:

* Indicates a required field.

First Name Middle Name Last Name

* Social Security Number * Date of Birth *mm/dd/yyyy*

Official Registration Address

This is the address that will be used for the determination of your official district residence for voting purposes only and will NOT be your public or Correspondence address. S. § 328.7. This is

* Registration Address

* City County (Required if Oklahoma selected) State Zip

* Country

This registration address will be your residential address used for voting purposes only. You will designate your correspondence address in a later tab.

It is crucial that you make sure you have the proper county listed here for the address provided. The county you reside in determines your district number for voting purposes.

Employer's Phone Number Employer's Fax Number Cell Phone Number

* 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.

Save Personal Information Back

PRACTICE HISTORY TAB

Welcome, [Redacted]
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Home

Dentist #123456

Do NOT click on these buttons when you are done entering information or it will remove you from the renewal system. Please use the blue buttons below.

- Home
- Personal Info
- Practice History**
- Professional Entities
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Practice History

Account Name:

Click here to add any practice information

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. If you are a faculty member at the OU college of Dentistry, please list that as well.

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

Make sure you are hitting the save button!

Click here to edit any existing practice information currently in the system.

Please remove any practice history in the system that is no longer valid information.

NOT BE USED TO REPORT CONTINUING EDUCATION HOURS TO ANY OTHER ENTITY. ALL OF THE ABOVE ENTERED INFORMATION IS SUBJECT TO AUDIT BY THE OKLAHOMA STATE BOARD OF DENTISTRY.

ADD/EDIT PRACTICE INFORMATION



Continuing Education & License
Renewal

Board of Dentistry

Time Remaining: 23:56

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

Welcome, [redacted]

[Logout](#) [Account Profile](#)

[Home](#) / Practice Information

Add/Edit Practice Information

Please make sure to fill out all portions of this tab!

* Indicates a required field.

* Practice Name Phone Number xxx-xxx-xxxx

* Address

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

* Country

* From mm/dd/yyyy To (Leave blank if still practicing at location.) mm/dd/yyyy

Save Practice Information

Back

Once you have filled all information out, hit the save button.

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PROFESSIONAL ENTITY TAB

Welcome, [User Name]

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Dentist #123456

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Professional Entities

Account Name:

This tells you what a Professional Entity is. For specific examples, click on the link below.

What is a Professional Entity?

A Professional Entity is a trade name that does not clearly identify the name of the dentist providing the service(s), or any PLLC, LLC, PC, or Inc. Signs on buildings, in advertisements, or on billing statements or anything used to identify the dental practice other than the individual dentist's name, are considered a Professional Entity. Trade name registrations are \$20.00 per entity and will be reflected in your final renewal cost.

[Click here for examples of Professional Entities](#)

If you are the owner of more than one Professional Entity, you are required to register each location. If you are a multiple owners, each owner is required to register each location.

Trade Name Registrations are \$20.00 per entity and will be reflected in your final renewal cost.

By clicking here, this will bring up a page explaining who needs to register for a Professional Entity and who does not. Please make sure you read all Entity information before registering/not registering.

Add New Entity

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

Edit Selected Entity

Remove Selected Entity

Back

DISCLAIMER: THIS INFORMATION HAS NOT BEEN VERIFIED BY THE OKLAHOMA STATE BOARD OF DENTISTRY AND SHOULD NOT BE USED TO REPORT CONTINUING EDUCATION HOURS TO ANY OTHER ENTITY. ALL OF THE ABOVE ENTERED INFORMATION IS SUBJECT TO AUDIT BY THE OKLAHOMA STATE BOARD OF DENTISTRY.

ADD/EDIT PROFESSIONAL ENTITY

Welcome [User Name]

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[Home](#) / Professional Entity

Add/Edit Entity

* Indicates a required field.

* Name of Entity

Are you an Owner or Partial Owner of this Entity?

Yes No

* Address

Phone Number xxx-xxx-xxxx

* City/Province

County

Please Select ▼

* State

Oklahoma ▼

* Manager of Entity

Please make sure to answer this question!

****For those that have existing entity information in the system from prior year(s), you will need to edit each entity and answer this question in order to register it properly!***

Licensed/Permitted Personnel

Please list all licensed/permitted employees that work in the location.

This includes Dentists, Dental Hygienists, Dental Assistants, and Oral & Maxillofacial Surgery Assistants. ★

Name	License/Specialty
<input type="text"/>	<input type="text"/>

Owners of Entity ★

Please list all owners of this location

Name
<input type="text"/>

Save Professional Entity

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CORRESPONDENCE ADDRESS TAB-

THIS IS NEW!!



Continuing Education & License
Renewal

Board of Dentistry

Time Remaining: 23:56

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

Welcome, [Redacted]
[Logout](#) [Account Profile](#)

[Home](#) / [Correspondence Information](#)

Correspondence

Account Name:

* Address Type



Name	Address	City/Province	State	ZIP	County
No type selected.					

[List Correspondence Addresses](#)

[Set Correspondence Address](#)

This is a new tab this year.

There has been a lot of confusion about what address reflects on the license so this is the place you will designate what address shows on the license and also where it will be mailed. This will also be considered your "public record" address.

First, you will select the dropdown box for address type and select. (cont'd on next page)



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CORRESPONDENCE ADDRESS TAB-

THIS IS NEW!!



Continuing Education & License
Renewal

Board of Dentistry

Time Remaining: 23:26

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

Welcome [User Name]

[Logout](#) [Account Profile](#)

[Home](#) / [Correspondence Information](#)

Correspondence

Account Name: [Name]

* Address Type

- Please Select
- Personal Address
- Professional Entity Address
- Practice Address

Select which type of address you want to designate as your correspondence address.

[List Correspondence Addresses](#)

[Set Correspondence Address](#)

CORRESPONDENCE ADDRESS TAB-

THIS IS NEW!!

Board of Dentistry

Continuing Education & License Renewal

Time Remaining: 23:52

Contact Us State of Oklahoma Website My Profile My Access

Welcome [Redacted]
[Logout](#) [Account Profile](#)

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Correspondence

Account Name:

* Address Type

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

Once you have selected which type of address you would like, click on "List Correspondence Address."

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CORRESPONDENCE ADDRESS TAB-

THIS IS NEW!!



Continuing Education & License
Renewal

Board of Dentistry

Time Remaining: 23:49

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

Welcome [Redacted]

[Logout](#) [Account Profile](#)

[Home](#) / [Correspondence Information](#)

Correspondence

Account Name:

* Address Type

Name	Address	City/Province	State	ZIP	County
<input checked="" type="radio"/>	2920 N Lincoln Blvd., Ste. B	OKC	OK	73105	Oklahoma

List Correspondence Addresses

Set Correspondence Address

Select from the list which address you would like to use and then click on "Set Correspondence Address."

CORRESPONDENCE ADDRESS TAB-

THIS IS NEW!!



Continuing Education & License
Renewal

Board of Dentistry

Time Remaining: 23:55

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

Welcome, [User Name]

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Dentist #123456

DO NOT USE THESE BUTTONS WHILE RENEWING YOUR LICENSE!

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[Drug Licenses and Dispensing Permits](#)

[Insurance](#)

[Compliance](#)

Correspondence

Account Name: [Redacted]

Official Correspondence Address

This is the address that will show on your license and where your license will be mailed.

This will also be the address that is used for your "Public Record" address.

Licensee Name	Address	City/Province	State	ZIP	County
[Redacted]	2920 N Lincoln Blvd., Ste. B	OKC	OK	73105	Oklahoma

[Remove Correspondence Address](#)

[Back](#)

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After you have designated your correspondence address, click on the "Back" button to take you back to the main page of renewals.

REMEMBER DO NOT CLICK ON THE BUTTONS ACROSS THE TOP OF THE SCREEN OR IT WILL REMOVE YOU FROM THE RENEWAL PROCESS!

DRUG LICENSES TAB/ DISPENSING

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Drug License and Dental Board Dispensing Permits

Account Name:

* Indicates a required field.

* Are you a Medicaid (Soonercare) or Medicare Provider?

Yes No

If you answer "Yes" to this question you are required to put in your NPI #.

* If yes, what is your NPI#?

Do you have any OBN Licenses?

Check if no licenses held

Yes No

DEA Lic #	Expiration Date(mm/dd/yyyy)
* <input type="text" value="123456"/> *	<input type="text" value="12/31/2016"/>
* <input type="text"/>	<input type="text"/>

OBN Lic #	Expiration Date
* <input type="text"/>	<input type="text"/>

We are a dual state, which means if you have an OBN number, you are required to have a DEA. Both of these should be filled out correctly with a valid expiration date. (The system will no longer accept a past expiration date in this field. It must be within the date you are completing the renewal and 3 years from that date. (i.e. 2017-2020).

DRUG LICENSES TAB/ DISPENSING

Do you have any OBN Licenses?

Check if no licenses held

Yes No

DEA Lic #	Expiration Date(mm/dd/yyyy)
* <input type="text" value="123456"/> *	* <input type="text" value="12/31/2016"/>
* <input type="text"/>	* <input type="text"/>

OBN Lic #	Expiration Date
* <input type="text"/>	* <input type="text"/>

Please read carefully before registering for a dispensing permit.

DISPENSING PERMIT

Who Needs a Dispensing Permit?

Any Dentist that dispenses Controlled Dangerous Substances to patients from their Dental Office is required to be permitted. This includes any samples given to patients in the office as well. This does NOT include any antibiotics dispensed in the office, nor is it required to write a prescription for Controlled Dangerous Substances.

What is "Dispensing"?

The preparation, packaging, labeling, record keeping, and transfer of a prescription drug to a patient who is responsible for administration of the drug.

If you have further questions about Dispensing Permits, please contact the Board Office.

* Do you wish to register for a Dental Board Dispensing Permit?

Yes No

We will not process any requests for dispensing permits unless the drug information is complete.

Save

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DRUG LICENSES TAB/ DISPENSING

Welcome, [Redacted]

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Dentist #123456

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Drug License and Dental Board Dispensing Permits

Account Name:

* Indicates a required field.

* Are you a Medicaid (Soonercare) or Medicare Provider?

Yes No

If yes, what is your NPI#?

Do you have any OBN Licenses?

Check if no licenses held

Yes No

"I attest that I do not have an Oklahoma Bureau of Narcotics Drug License and I do not prescribe scheduled narcotics."

If you select that you have no drug licenses, you are attesting to the fact that you do not prescribe ANY scheduled narcotics.

(You are not required to have an OBN license to write prescriptions for non-controlled substances)

Save

Back

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MALPRACTICE INSURANCE TAB

Dentist #123456

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Malpractice Insurance (required by State law as of July 1, 2011)

Account Name:

* Indicates a required field.

* Name of Provider

i.e. Alexander & Strunk/Fortress/Medical Protective Company

* Policy #

Names of Physicians/Providers covered:

Name
<input type="text"/>
<input type="text"/>

No more confusing entries for policy limits!
Just simply put in your policy limits in millions (1 / 3)

* \$ Policy Minimum (in millions) to * \$ Policy Maximum (in millions)

I am exempt because:

- a: I work for the federal government, a tribal entity, or the State full-time and do not practice outside of that capacity.
- b: I am covered by a group or hospital malpractice policy. (attach declaration from hospital policy)
- c: I will be practicing out of state during this entire year but wish to maintain my Oklahoma license.
- d: I will be practicing under a special volunteer or retired license and providing services without compensation.

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

Remove Insurance Attachment

Save Insurance Information

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CONTINUING EDUCATION TAB

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- Professional Entities
- Correspo

The top portion of this tab now only shows the current reporting period's hours entered. These are hours entered between 7/1/16-6/30/19.

Continuing Education

* Indicates a required field.

Reporting Period for Year 2019

No entries will be accepted after 06/30/2019 at 11:59 AM

Date of CE Class	Type [?]	Course Title	Instructor Name	# of hours
* 07/02/2016	* Class B	* test	* test	* 2
* <input type="text"/>	* Please Select	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>

Add Row

Total Hours: 2

Save Cancel

All of the hours reported for the 7/1/13-6/30/16 reporting period have now been moved down here in a format that is not editable but is printable.

Previous Reporting Periods

Reporting Period for Year 2016

Date of CE Class	Type	Course Title	Instructor Name	Hours
12/11/2013	Class B	Test Class	Test Instructor	4
05/15/2015	Ethics	Intro to Ethics	dentaethics.org	1
06/01/2015	CPR	CPR/BLS	American Heart Association	4
08/01/2015	Class A	Test Class	Test Sponsor	4
08/02/2015	Class B	Test class	test	3
08/03/2015	Class C	test	test	2
09/14/2015	Class B	test	test	2
06/16/2016	CPR	test	American Heart Association	5
06/22/2016	Class A	test	test	5
06/22/2016	Class A	tes	test	5
06/22/2016	Class A	test		5
06/24/2016	Ethics	test		5
06/24/2016	Class A	test		5
Total Hours:				50

If you need to print last reporting period's hours, click here.

Print CEs for 2016

This will provide a report showing all entries reported for the last reporting period. It will now show all of your information at the top of this page as well as what date the report is generated. You will have access to this information at any time.

Continuing Education

(It will show your name here and your licensing information here)

Oklahoma State Board of Dentistry
Reporting Year 2016 CE Hours
Report Generated 09/29/2017
Unofficial


Date of CE Class	Course Title	Instructor Name	Hours
12/11/2013	Test Class	Test Instructor	4
05/15/2015	Intro to Ethics	dentaethics.org	1
06/01/2015	CPR/BLS	American Heart Association	4
08/01/2015	Test Class	Test Sponsor	4
08/02/2015	Test class	test	3
08/03/2015	test	test	2
09/14/2015	test	test	2
06/16/2016	test	American Heart Association	5
06/22/2016	test	test	5
06/22/2016	tes	test	5
06/22/2016	test	test	5
06/24/2016	test	test	5
06/24/2016	test	test	5
			Total Hours: 50

CONTINUING EDUCATION TAB

Contact Us State of Oklahoma Website My Profile My Access

Welcome,
[Logout](#) [Account Profile](#)

[Home](#) / [Licensee Search](#) / Licensee Details



The following error(s) have been found:
You may only enter classes taken between 07/01/2016 at 12:01 PM and 06/30/2019 at 11:59 AM on line 1 of the CE table.


Dentist #

[Home](#) [Personal Info](#) [Practice History](#) [Profes](#)

Continuing Education

* Indicates a required field.

Reporting Period for Year 2019
No entries will be accepted after 06/30/2019 at 11:59 AM

Date of CE Class	Type [?]	Course Title	Instructor Name	# of hours
* 06/28/2016 	* Class B	* test	* test	* 2
	Please Select	*	*	*

Total Hours: 2

[Save](#) [Cancel](#)

Please note that if you try to report something outside of the current reporting period you will receive this error message letting you know that the entry is not eligible because it is outside of the current reporting period.

If you need assistance with the categories, you may click on this question mark and it will open a new tab with the category breakdown without making you leave the online system.

ATTESTATION/AFFIDAVIT TAB

Welcome, [redacted]

[Logout](#) [Account Profile](#)

[Home](#) / [Renew License\(s\)](#) / [Renewal Confirmation](#) / Questions and Affidavit

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 Dentist from any state of 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 been 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

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

[Remove Selected Attachment](#)

Affidavit of Dentist

I do hereby attest that all information or statements made on this form(s) or any information gathered from any source that this is a State of Oklahoma official document and any misrepresentation or fraudulent statement made herein is set forth by the Oklahoma State Dental Act 59 O.S. § Section 328.32(A), as well as other laws and regulations. My continuing education reporting period began on July 1, 2016 and will end on June 30, 2019. During this time, I must complete a minimum of 20 hours of continuing education. I understand the requirement that I must be certified in a CPR course provided by the American Heart Association/health care provider or the American Red Cross/professional rescuer at least once from July 1, 2016 - June 30, 2019, and that I am responsible for providing documentation of said certificate. I also must have an ethics course from July 1, 2016 - June 30, 2019.

* I understand and agree to the Affidavit above.

[Continue To Payment](#)

[Cancel](#)

PLEASE SLOW DOWN AND READ THE QUESTIONS YOU ARE ANSWERING AS WELL AS THE AFFIDAVIT YOU ARE UNDERSTANDING AND AGREEING TO.

FAILURE TO DISCLOSE ANY BACKGROUND INFORMATION COULD RESULT IN A DELAY OF PROCESSING YOUR RENEWAL AND REQUIRED APPEARANCE AT THE NEXT REGULARLY SCHEDULED BOARD MEETING.

PLEASE NOTE THIS IS ASKING YOU SINCE THE DATE OF YOUR APPLICATION OR LAST RENEWAL. IF YOU HAVE PREVIOUSLY REPORTED ANYTHING TO THE BOARD, YOU DO NOT NEED TO CONTINUE TO REPORT IT EACH YEAR. PLEASE CALL OUR OFFICE IF YOU HAVE ANY QUESTIONS REGARDING REPORTING "YES" TO THE ABOVE QUESTIONS.

PAYMENT SCREEN

[Home](#) / [Renew License\(s\)](#) / [Renewal Confirmation](#) / [Questions and Affidavit](#) / [Payment Information](#)



The following result(s) have occurred:

You have successfully added your answers

Payment Information

Customer Info

* Name On Card

* Address 1:

Address 2:

* City/Province:

* State

Please Select

* Zip xxxxx-xxxx

* Email Address

Phone: xxx-xxx-xxxx

Complete this information and then click "Continue." The next screen will allow you to confirm the information before entering payment information.

Itemized Costs

Item/Description	Quantity	Unit Price	Total
Renewal: Dentist	1	\$200	\$200
		Subtotal	\$200
		Late Fee	
		Grand Total	

Continue

Cancel

Payment Information

Customer Info

Name On Card

Address 1:

Address 2:

City/Province:

State

Zip

Email Address

Phone:

This page is just sort of a “duplication” to allow you to verify the information you have entered. Click “Process Payment” to give the payment information on the next screen.

Itemized Costs

Item/Description	Quantity	Unit Price	Total
Renewal: Dentist	1	\$200	\$200
		Subtotal	\$200
		Late Fee	
		Grand Total	



Process Payment

Back

Cancel



Payment Information

Oklahoma Board of Dentistry - Online Licensing System

Enter your payment information below.

After you click CONTINUE, you will be taken to a preview page, there you will finish processing your transaction.

* Indicates required field.

Billing Information

* Name On Account:

* Address 1:

Address 2: Suite #, Apt. #

* City/Province:

* State:

* Zip:

Country Code: Two character code (ex. US)

This should be US if you are in the United States. If you are in another country, you should be able to google the country code that you should use.

Email Address:

Phone: digits only, include area code

Itemized Costs

Item / Description	Quantity	Unit Price	Total
License Renewal	1	\$200.00	\$200.00
Dentist	1	\$200.00	\$200.00
		Subtotal	
		Online Fee	
		Grand Total	

The online fee is not assessed by the Board of Dentistry. This is a state mandated fee that goes to Oklahoma Interactive and the Bank.

Payment Information

After you select a payment type, additional fields will display to be completed.

* Payment Type:

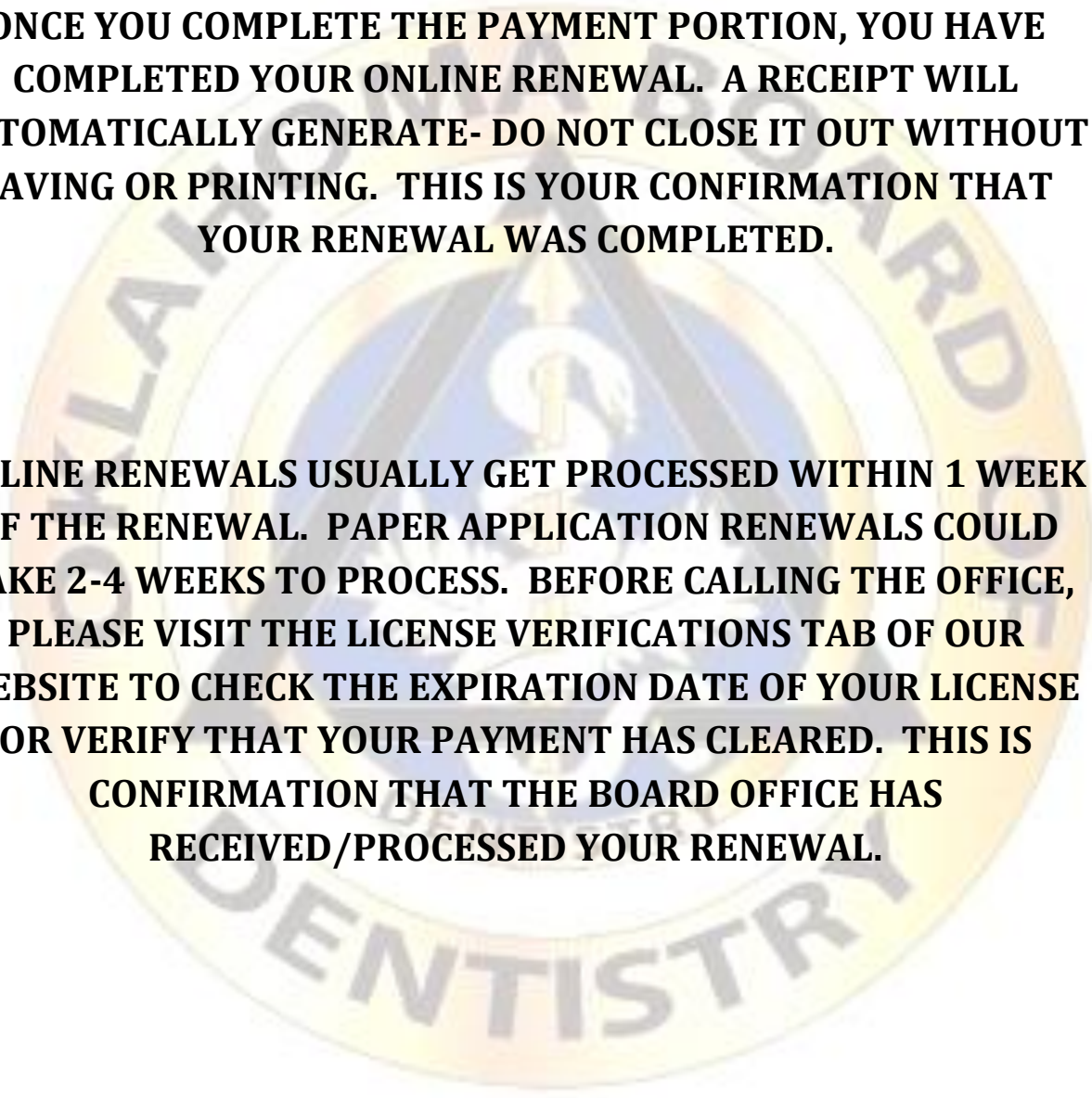
The online system only accept Visa and Mastercard.

* Account Number:

Continue

Cancel



The seal of the Oklahoma Board of Dentistry is a circular emblem. It features a central figure of a caduceus (a staff with two snakes entwined around it) set against a blue background. The emblem is surrounded by a yellow border containing the text "OKLAHOMA BOARD OF DENTISTRY" in a circular arrangement.

ONCE YOU COMPLETE THE PAYMENT PORTION, YOU HAVE COMPLETED YOUR ONLINE RENEWAL. A RECEIPT WILL AUTOMATICALLY GENERATE- DO NOT CLOSE IT OUT WITHOUT SAVING OR PRINTING. THIS IS YOUR CONFIRMATION THAT YOUR RENEWAL WAS COMPLETED.

ONLINE RENEWALS USUALLY GET PROCESSED WITHIN 1 WEEK OF THE RENEWAL. PAPER APPLICATION RENEWALS COULD TAKE 2-4 WEEKS TO PROCESS. BEFORE CALLING THE OFFICE, PLEASE VISIT THE LICENSE VERIFICATIONS TAB OF OUR WEBSITE TO CHECK THE EXPIRATION DATE OF YOUR LICENSE OR VERIFY THAT YOUR PAYMENT HAS CLEARED. THIS IS CONFIRMATION THAT THE BOARD OFFICE HAS RECEIVED/PROCESSED YOUR RENEWAL.

IF YOU HAVE ANY QUESTIONS, PLEASE VISIT OUR WEBSITE AT www.ok.gov/dentistry OR CALL OUR OFFICE AT 405-522-4844.

