

STEP BY STEP INSTRUCTIONS FOR ONLINE RENEWAL-

DENTAL HYGIENISTS

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, [Redacted]

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

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!

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

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](#)

List all office addresses in which you maintain practice or have practiced in the past year.

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!

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

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

Dental Hygienist #

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](#)
- [Correspondence](#)
- [Continuing Education](#)
- [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*

Official Registration Address

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

This registration address will be your residential address used for districting purposes only.

You will designate your correspondence address in a later tab.

Registration Address

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](#)

PRACTICE HISTORY TAB

Board of Dentistry

Time Remaining: 23:15

Contact Us State of Oklahoma Website My Profile My Access

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

Home

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 Correspondence Drug Licenses and Dispensing Permits Insurance Cont

Practice History

Account Name: [Name] 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.

Click here to add any practice information

[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](#)

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.

Make sure you are hitting the save button!

NOT B... 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.

Policies | About Oklahoma's Web Portal | Feedback

ADD/EDIT PRACTICE INFORMATION



Welcome,

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

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

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.

* Address

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



* Country

* Position Type

- Full Time
- Part Time



CORRESPONDENCE ADDRESS TAB



Continuing Education & License Renewal

Time Remaining: 23:56

Contact Us | State of Oklahoma Website | My Profile | My Access

Welcome, [User Name]
[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](#)


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)

[Policies](#) | [About Oklahoma's Web Portal](#) | [Feedback](#)

© 2016 State of Oklahoma

CORRESPONDENCE ADDRESS TAB

 **Board of Dentistry**

 **Continuing Education & License Renewal**

Time Remaining: 23:26

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

Welcome

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

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

Correspondence


Account Name:

* **Address Type**

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

[List Correspondence Addresses](#) [Set Correspondence A](#)

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



[Policies](#) | [About Oklahoma's Web Portal](#) | [Feedback](#)

© 2016 State of Oklahoma

CORRESPONDENCE ADDRESS TAB

Board of Dentistry

Continuing Education & License Renewal

Time Remaining: 23:52

Contact Us State of Oklahoma Website My Profile My Access

Welcome [User Name]
[Logout](#) [Account Profile](#)

[Home](#) / Correspondence Information

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."

Policies | About Oklahoma's Web Portal | Feedback

© 2016 State of Oklahoma

CORRESPONDENCE ADDRESS TAB

The screenshot shows the Oklahoma Board of Dentistry website. At the top right, there is a logo for 'OK.GOV' and the text 'Continuing Education & License Renewal'. The main header features the 'Board of Dentistry' logo and the text 'Time Remaining: 23:'. Below the header, there are navigation links: 'Contact Us', 'State of Oklahoma Website', 'My Profile', and 'My Access'. A user is logged in, with a 'Welcome' message and links for 'Logout' and 'Account Profile'. The main content area is titled 'Home / Correspondence Information' and 'Correspondence'. Under 'Account Name:', there is a dropdown menu for 'Address Type' set to 'Personal Address'. Below this is a table with columns: Name, Address, City/Province, State, ZIP, and County. The table contains one entry with a radio button selected. Below the table are two buttons: 'List Correspondence Addresses' and 'Set Correspondence Address'. A red box with white text provides instructions: 'Select from the list which address you would like to use and then click on "Set Correspondence Address."'.

Welcome [User Name]

[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

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

[Policies](#) | [About Oklahoma's Web Portal](#) | [Feedback](#)

© 2016 State of Oklahoma

CORRESPONDENCE ADDRESS TAB

Continuing Education & License Renewal

Board of Dentistry

Time Remaining: 23:55

Contact Us State of Oklahoma Website My Profile My Access

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

Home

Dentist # ***DO NOT USE THESE BUTTONS WHILE RENEWING YOUR LICENSE!***

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

Correspondence

Account Name: |

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
	2920 N Lincoln Blvd., Ste. B	OKC	OK	73105	Oklahoma

[Remove Correspondence Address](#) [Back](#)

DISCLAIMER: THIS INFORMATION HAS NOT BEEN VERIFIED BY THE OKLAHOMA STATE BOARD OF DENTISTRY. THIS INFORMATION IS FOR INFORMATIONAL PURPOSES ONLY. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. ALL OF THE ABOVE ENTERED INFORMATION IS SUBJECT TO VERIFICATION BY THE BOARD OF DENTISTRY.

Policies | About Oklahoma's Website
© 2016 State of Oklahoma

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!

CONTINUING EDUCATION TAB

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

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
*	* Please Select	*	*	*

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

CONTINUING EDUCATION TAB

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

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.

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.

[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](#)

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.

Brittany Parrott

Dental Hygienist #123456

Home

Personal Info

Practice History

Correspondence

Continuing Education

Questions and Affidavit

Transaction



Attestation

* Indicates a required field.

Since the date of your license application or your last renewal:

* 1. Have you been suspended from practice, reprimanded, or placed on probation by any licensing jurisdiction or are you currently under investigation by any licensing jurisdiction?

Yes No

* 2. Have you been the subject of ANY disciplinary action, including but not limited to speeding tickets?

Yes No

* 3. Have you pled guilty or no contest to or received a conviction for any criminal substances (drugs) or alcohol use such as DUI, DWI, or similar offenses?

Yes No

* 4. Have you pled guilty or no contest to or received a conviction for any criminal offenses involving violence or child abuse?

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

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.

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

Remove Attestation Attachment

Affidavit of 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 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 59 O.S. § Section 328.32(A), as well as other laws under the State of Oklahoma. I further understand that the current continuing education reporting period began on July 1, 2016 and will end on June 30, 2019. During this time frame I must accumulate 30 hours of continuing education credit. I further 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.

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](#)

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	
		Late Fee	
		Grand Total	

(This will show "Dental Hygienist," this is only an example screenshot.)

(Hygiene renewal fee is \$100, this is only used as an example screenshot.)

Continue

Cancel

Payment Information

Customer Info

Name On Card

Address 1:

Address 2:

City/Province:

State

Zip

Email Address

Phone:

Itemized Costs

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

(Again, yours will show "Dental Hygienist" for \$100, this is only an example screenshot.)



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

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.