



## 2026 NEW Dental Assistant Permit Application

**Non-Refundable Fee for Permit \$50.00**

No person shall practice as a dental assistant without first applying for and obtaining a permit from the Board of Dentistry!!!

**Per Statute: SECTION 328.24**

This form must be COMPLETED in full and returned with a check, money order or cashier's check ONLY to:

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

**\*IF THIS APPLICATION IS NOT FILLED OUT IN FULL IT WILL BE RETURNED BY THE BOARD OFFICE\***

### **Section I. Official Registration and Correspondence Address**

*\*All information in Section I is required\**

Name:(F) \_\_\_\_\_ (M) \_\_\_\_\_ (L) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have you ever held an Oklahoma dental license or permit (of any type) under a previous name? Yes / No

List all previous name(s) \_\_\_\_\_

### **Section II. List all office in which you practice as a dental assistant in the past year.**

\*Current Employing Dentist: \_\_\_\_\_ Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Section III. Education and Training**

1. Are you currently a dental assistant student in Oklahoma? Yes / No If yes, what school? \_\_\_\_\_
2. Have you ever held expanded functions through the State of Oklahoma? Yes / No  
If yes, what expanded functions?

XR- \_\_\_\_\_ CP- \_\_\_\_\_ SE- \_\_\_\_\_ N2O- \_\_\_\_\_

## **Section IV. You MUST answer all questions below and sign the affidavit.**

1. Have you ever been suspended from practice, reprimanded, censured, or otherwise disciplined or disqualified as a Dentist, Dental Hygienist, or Dental Assistant from any State or Licensing Jurisdiction, or are you currently under any investigation? Yes \_\_\_\_\_ No \_\_\_\_\_  
*\*I have read this question carefully and answered honestly \_\_\_\_\_ (initial)*
2. Other than traffic tickets, have you ever been arrested for any crime or the subject of ANY disciplinary action by ANY government agency or licensing authority; Federal, State, or Municipal, even if the case was deferred, dismissed, or expunged? Yes \_\_\_\_\_ No \_\_\_\_\_  
*\*I have read this question carefully and answered honestly \_\_\_\_\_ (initial)*
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 \_\_\_\_\_  
*\*I have read this question carefully and answered honestly \_\_\_\_\_ (initial)*

**\*If you answered YES to ANY of the questions listed in Section IV, please attach a letter with an explanation including ANY charges, dates, county/state, and the outcome.**

**\*\*Failure to include this explanation may delay the process of your application.\*\***

## **Section V. Continuing Education**

1. I understand that between July 1, 2025 and June 30, 2027, I must accumulate and report 2 hours of infection control continuing education credits.
1. 2. I understand that I MUST report my CE online via my online account on the CE Broker website at [www.cebroker.com](http://www.cebroker.com) and click the sign-up button on the home page.

## **Section VI. Affidavit of Dental 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 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 as well as other laws under the State of Oklahoma. I do understand that my permit expires on December 31<sup>st</sup> of each year.

Dental Assistant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Total Permit and Other Fees:**

1. 2026 Dental Assistant Permit (Check, Cashier's check or Money Order Only) - **\$50.00 (Non-Refundable)**

**\*IMPORTANT\* This space is not for your ID  
Include a color copy of your Driver License or passport (Full Page)  
Answer all question(s) honestly  
Application is Completed and Notarized**

## **THE OKLAHOMA BOARD OF DENTISTRY**

Dr. Bobby Carmen, Norman, President

Dr. John Folks, Miami

Dr. Erin Roberts, Enid

Dr. Scott White, Glenpool

Sheriff Andy Simmons, Muskogee

Dr. Lisa Nowlin, Elk City

Dr. Shawn Scott, Marlow

Dr. Brant Rouse, Ft. Gibson

Dr. Krista Jones, Edmond

Rachel Ostberg RDH, Bartlesville

Chief J.R. Kidney, Tecumseh

**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 one 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)