



Dear OkMOM Volunteer,

First, THANK YOU for signing up to participate in the second Oklahoma Mission of Mercy (OkMOM). We are so excited to have your help. We have a few items that need to be accomplished to allow you to perform dentistry since you do not hold an Oklahoma license.

- 1) Please complete the attached form.
  - a. It **must** be notarized and sent to the Oklahoma Board of Dentistry as soon as possible.
  - b. It **must** include a letter from your state dental board on being in good standing.
- 2) All OkMOM Patient Records and the Post Treatment Follow up/Emergency Contact will be completed by the Oklahoma Dental Association (317 NE 13<sup>th</sup> Street OKC, OK 73104) for the 2011 Oklahoma Mission of Mercy. We have included this information in the appropriate section of your attached form as well as the host and contact information for you.

Again, we appreciate your desire to help and look forward to meeting you in Oklahoma City in February 2011. You will receive a packet of information at the end of January, but we wanted to give you time to be working on these other documents. Please contact us at [okmom@okda.org](mailto:okmom@okda.org) if you have any questions.



**OKLAHOMA BOARD OF DENTISTRY  
SPECIAL VOLUNTEER LICENSE**

<b>PRACTITIONER INFORMATION*</b>	
Name: _____	(DDS/DMD/RDH)
Birth Date: _____	Social Security No.: ____-____-____
Address: _____ _____	
License #: _____	State: ____ Status: _____ (Active/Retired) Expiration Date: _____
Disciplinary Actions: ____ (Y/N)	
*Practitioners, see reminders on reverse side.	

<b>SPONSOR INFORMATION</b>	
Host Entity: <b>Oklahoma Dental Association</b>	
Address: <b>317 NE 13<sup>th</sup> Street</b> <b>Oklahoma City, OK 73104 (405) 848-8873</b>	
Host Contact: <b>Aubrey Weatherford (aweatherford@okda.org)</b>	
Event Date(s): <b>February 3-5, 2011</b>	
Event Hours: <b>5am – 5 pm</b>	
Event Location: <b>Cox Convention Center, Oklahoma City</b>	
Patient Records Maintained By:	
Name: <b>Oklahoma Dental Association</b>	
Address: <b>317 NE 13<sup>th</sup> Street</b> <b>Oklahoma City, OK 73104 (405) 848-8873</b>	
Post Treatment Follow Up/Emergency Contact:	
Name: <b>Oklahoma Dental Association</b>	
Address: <b>317 NE 13<sup>th</sup> Street</b> <b>Oklahoma City, OK 73104 (405) 848-8873</b>	
List all Dentists, Dental Hygienists, Dental Assistants and Laboratory Technicians participating in the event (attach additional pages if necessary).	
_____ _____ _____	

<b>OFFICE USE ONLY</b>	
Special Volunteer License No.: _____	Issue Date: _____ Expiration Date: _____
Letter of Good Standing on file: ____ (Y/N)	
Background Check: _____ (Date)	
Participant List Approved: _____ (Date)	

**Oklahoma Board of Dentistry  
201 NE 38<sup>th</sup> Terrace, Suite 2  
Oklahoma City, OK 73105  
(405) 524-9037  
(405) 524-2223 Fax**

