

**OKLAHOMA BOARD OF DENTISTRY
SPECIAL VOLUNTEER LICENSE**

PRACTITIONER INFORMATION*

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.

SPONSOR INFORMATION

Host Entity: **Oklahoma Dental Association**

Address: **317 NE 13th Street**

Oklahoma City, OK 73104 (405) 848-8873

Host Contact: **Abby Sholar (asholar@okda.org)**

Event Date(s): **January 4 - 5, 2022**

Event Hours: **5:00 a.m. – 5:00 p.m.**

Event Location: **Heart of Oklahoma Expo Hall, Shawnee, OK**

Patient Records Maintained By: **Oklahoma Dental Association**

Name: **Oklahoma Dental Association**

Address: **317 NE 13th Street**

Oklahoma City, OK 73104 (405) 848-8873

Post Treatment Follow Up/Emergency Contact: **Dr. Brandon Loeser**

Name: **Oklahoma Dental Association**

Address: **317 NE 13th Street**

Oklahoma City, OK 73104 (405) 848-8873

List all Dentists, Dental Hygienists, Dental Assistants and Laboratory Technicians participating in the event (attach additional pages if necessary).

OFFICE USE ONLY

Special Volunteer License No.: _____ Issue Date: _____ Expiration Date: _____

Letter of Good Standing on file: ____ (Y/N)

Background Check: _____ (Date)

Participant List Approved: _____ (Date)

Reminder:

1. Dentists and Dental Hygienists practicing under a special volunteer license will be exclusively and totally devoted to providing dental care to needy and indigent persons in Oklahoma;
2. Dentists and Dental Hygienists shall not receive or have the expectation of any payment or compensation, either direct or indirect, for any dental services rendered under the special volunteer license;
3. Volunteers shall not use sedation or general anesthesia during volunteer procedures.

Instructions for Required Affidavit:

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. 2007 § 71, to provide the Board with verification of lawful presence in the United States by executing one of the Affidavits below before a 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.

AFFIDAVIT VERIFYING LAWFUL PRESENCES IN THE UNITED STATES

**Option 1 – Verification of Citizenship
Affidavit of**

(Applicant's Name)

STATE OF _____)
) ss:
COUNTY OF _____)

_____, of lawful age, being duly sworn, upon oath states, under penalty of perjury, as follows:
(Applicant's Name)

I am a United States citizen.

(Signature of Applicant)

Subscribed and sworn to or affirmed before me this _____ day of _____, 20____,
by _____.
(Applicant)

(Seal)

NOTARY

My Commission Expires: _____

**Option 2 – Affidavit Verifying Qualified Alien Status
Affidavit of**

(Applicant's Name)

STATE OF _____)
) ss:
COUNTY OF _____)

_____, of lawful age, being duly sworn, upon oath states, under penalty of perjury, as follows:
(Applicant's Name)

I am a qualified alien under the 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)

(Seal)

NOTARY

My Commission Expires: _____