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: Apryl Awbrey (aawbrey@okda.org)
Event Date(s): February 9 & 10, 2024
Event Hours: 5:00 a.m. – 5:00 p.m.
Event Location: Great Plains Coliseum, Lawton, 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. Todd Bridges
Name: Oklahoma Dental Association
Address: 317 NE 13 th 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;
- 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.

tructions 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. Su 07 § 71, to provide the Board with verification of lawful presence in the United States by executing on of the Affidavits below before notary public or other officer authorized to notarize Affidavider 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 (Applicants Name) ____, 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___, (Applicant) (Seal) NOTARY My Commission Expires: _ Option 2 - Affidavit Verifying Qualified Alien Status Affidavit of (Applicant's Name) 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 ____ (Applicant) (Seal) NOTARY My Commission Expires:

Oklahoma Board of Dentistry 2920 N. Lincoln Blvd., Suite B Oklahoma City, OK 73105 (405) 522-4844 (405) 522-4614 Fax