

**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 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)

