

**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 13<sup>th</sup> Street**

**Oklahoma City, OK 73104 (405) 848-8873**

Host Contact: **Apryl Awbrey (aawbrey@okda.org)**

Event Date(s): **February 3 - 4, 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 13<sup>th</sup> Street**

**Oklahoma City, OK 73104 (405) 848-8873**

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

Name: **Oklahoma Dental Association**

Address: **317 NE 13<sup>th</sup> 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)

