

**OKLAHOMA BOARD OF DENTISTRY
SPECIAL VOLUNTEER LICENSE**

Practitioner Information

Name: _____ (DDS / DMD / RDH)
Date of Birth: _____ Social Security Number: _____
Mailing Address: _____
Cell Phone Number: _____ Email Address: _____
License #: _____ State: _____ Status: Active or Retired Expiration Date: _____
Disciplinary Actions: Yes or No Verification of Licensure: Yes or No
*Practitioners, See reminders on reverse side.

Sponsor Information

Host Entity: _____
Address: _____
Host Contact:
Name: _____ Phone: _____
Event Date(s): _____
Event Hours: _____
Event Location: _____

Patient Records Maintained By:
Name: _____
Address: _____

Post Treatment Follow Up/ Emergency Contact:
Name: _____
Address: _____

OFFICE USE ONLY

Special Volunteer License No: _____ Issue Date: _____ Expiration Date: _____
Verification of Licensure: Yes or No Background Check: _____ (Date)

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

Reminder:

1. Dentists and Dental Hygienists practicing under a special volunteer license will be exclusively and totally devoted to providing dental care to need 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 a special volunteer license.
3. Volunteers shall not use sedation or general anesthesia during volunteer procedures.
4. A letter or good standing from each state in which a practitioner holds a license to practice must be provided by the practitioner with this application.

Please note you CANNOT fill out both affidavits. All 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. 2207 § 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 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.

Option1- Verification of Citizenship

Affidavit of:

(Applicant's Name)

STATE OF: _____)

COUNTY OF: _____)

_____, of lawful age, being duly sworn, upon oath states, under penalty of perjury, as follows: **I am a United States Citizen.**

(Signature of Applicant)

Subscribed and sworn to or affirmed before me this _____ day of _____, 20____

By _____
(Applicant)

(Notary) My Commission Expires: _____

(SEAL)

Option 2- Verifying Qualified Alien Status –Please submit a copy of your passport, green card, etc. with this application!

Affidavit of:

(Applicant's Name)

STATE OF: _____)

COUNTY OF: _____)

_____, of lawful age, being duly sworn, upon oath states, under penalty of perjury, as follows: **I am a qualified alien under 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)

(Notary) My Commission Expires: _____

(SEAL)