

**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)	Letter(s) of Good Standing Attached _____ (Y/N)*
*Practitioners, see reminders on reverse side.	

SPONSOR INFORMATION	
Host Entity: _____	
Address: _____ _____	
Host Contact: _____	
Event Date(s): _____	
Event Hours: _____	
Event Location: _____ _____	
Patient Records Maintained By:	
Name: _____	
Address: _____ _____	
Post Treatment Follow Up/Emergency Contact:	
Name: _____	
Address: _____ _____	
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)	

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

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.
4. A Letter of Good Standing from each state in which a practitioner holds a license to practice must be provided by the practitioner with this application.

Instructions for Required Affidavit:

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.

AFFIDAVIT VERIFYING LAWFUL PRESENCES IN THE UNITED STATES

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

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)

NOTARY (Seal)

My Commission Expires: _____

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

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)

NOTARY (Seal)

My Commission Expires: _____