

**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**

