



**Oklahoma State Board of Dentistry**  
 2920 N. Lincoln Blvd., Ste. B  
 OKC, OK 73105  
 Phone (405) 522-4844  
 Fax (405) 522-4614  
[www.ok.gov/dentistry](http://www.ok.gov/dentistry)

## VERIFICATION OF LICENSURE REQUEST

### Instructions:

1. Use this form to request a verification of licensure or also known as a letter of good standing.
2. Fill form out completely. If form is incomplete, it will be mailed back.
3. Mail this form and your non-refundable fee to the Oklahoma State board of Dentistry at the address listed above.  
 Payment can be made by check, money order, or cashier's check. **(DO NOT SEND CASH)** Please make payment to Oklahoma State Board of Dentistry or OKBOD.
4. **Processing and Receiving your verification:** Please allow up to 2 weeks for processing. The verification will be mailed to the address you provide below.

NAME: \_\_\_\_\_ LICENSE/PERMIT NUMBER: \_\_\_\_\_

Phone: \_\_\_\_\_ Can this be Emailed: \_\_\_\_\_

If so, to what email: \_\_\_\_\_

Please send the verification to: \_\_\_\_\_

Please ensure to provide complete name and address.

(Example: Oklahoma State Board of Dentistry 2920 N. Lincoln Blvd. Ste. B OKC, OK 73105)

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 \_\_\_\_\_  
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**\$10 Fee per request**

Number of verifications needed: \_\_\_\_\_ Amount due: \_\_\_\_\_

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