



**STATE OF OKLAHOMA BOARD OF DENTISTRY
APPLICATION FOR LICENSE RENEWAL FOR 2024- RETIRED VOLUNTEER**

Your Retired Volunteer License officially expires December 31, 2024!

**Please complete this renewal application and mail to:
Oklahoma State Board of Dentistry
2920 N Lincoln Blvd., Ste. B
OKC, OK 73105**

Name: _____

Retired License #: _____ **Retired License Type (DDS/DMD/RDH)** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: _____ **Alt. Phone:** _____

Email Address: _____

Please list any events you have volunteered at since your last application:

I understand that I may only act in a volunteer capacity under a Retired Volunteer License. I in no way, whether directly or indirectly, may be compensated for practice while I have a Retired Volunteer License. If at any time I plan on being compensated in any way, I understand I will be required to contact the Board Office in writing and request to be placed on the next regularly scheduled Board Agenda for full reinstatement of my Dental/Dental Hygiene license. I understand I am allowed 5 years from the date of my retirement to reinstate my license without being required to apply as a new applicant.

Signature: _____ **Date:** _____