

**OKLAHOMA BOARD OF DENTISTRY
SPECIAL VOLUNTEER LICENSE**

*****Fax to:** (405) 524-2223

*****Mail to:** 201 N.E. 38th Terr., #2 – Oklahoma City, OK 73105

PRACTITIONER INFORMATION*

Name: _____ (DDS/DMD/RDH)

Birth Date: _____ Social Security No.: ____ - ____ - ____

Address: _____

License #: _____ State: _____ Status: _____ (Active/Retired) Expiration Date: _____

Disciplinary Actions: ____ (Y/N)

*Practitioners, see reminders on reverse side.

SPONSOR INFORMATION

Host Entity: *Remote Area Medical Oklahoma / Remote Area Medical U.S.A.*

Address: *One Leadership Square / 211 N. Robinson Ave., Suite 1350B / Oklahoma City, OK 73102*

Host Contact: *Tres Savage / RAM Oklahoma Coordinator / 405.410.5411 / Savage@ramok.org*

Event Date(s): *July 9 – 11 (Friday, Saturday, Sunday) 2010*

Event Hours: *6 a.m. to about 6 p.m. Friday & Saturday; 6 a.m. to about 2 p.m. Sunday*

Event Location: *Oklahoma State Fair Park / Travel & Transportation Building*

N. May Ave. & Gordon Cooper Blvd., Oklahoma City, OK

Patient Records Maintained By:

Name: (Both) *Remote Area Medical Oklahoma & Remote Area Medical U.S.A.*

Address: *One Leadership Square / 211 N. Robinson Ave., Suite 1350B / Oklahoma City, OK 73102*

1834 Beech St., Knoxville, Tenn. 37920

Post Treatment Follow Up/Emergency Contact:

Name: *Tres Savage or other RAM Oklahoma representative / 405.410.5411*

Address: (Will have health facility access point established as well.)

One Leadership Square / 211 N. Robinson Ave., Suite 1350B / Oklahoma City, OK 73102

List all Dentists, Dental Hygienists, Dental Assistants and Laboratory Technicians participating in the event (attach additional pages if necessary).

_____ *(Remote Area Medical Oklahoma will include list in full at date of event.)* _____

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)

