Nevada State Board of Dental Examiners
6010 S. Rainbow Blvd., Bldg. A, Ste. 1
Las Vegas, NV 89118
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

CONTINUING EDUCATION PROVIDER APPROVAL REQUEST
SUBMISSION GUIDELINES

Please comply with the following:

I certify that continuing education courses granted Board approval will be conducted as education programs and meet the following minimum requirements:

1) That instruction shall be conducted on the same educational standards of scholarship and teaching as that required of a true university discipline.

2) The course or topic of instruction shall conform to the purpose and method of higher education.

3) The provider of a course of study or topic of conversation shall be able to demonstrate to the Board that an opportunity to enroll in such courses of study is available to ALL dental and dental hygiene licensees.

Home study and/or correspondence courses **must** submit with this application all study manuals, worksheets, audio and video cassettes used in the completion of the course. The Nevada State Board of Dental Examiners reserves the right to monitor any and all courses being conducted by an approved provider of continuing education.

In accordance with Nevada Administrative Code (NAC) 631.177(2), each approved continuing education provider **must** furnish a certificate of completion to all Nevada dental and dental hygiene licensees who complete the course. The records concerning Nevada dental and dental hygiene licensees must be kept on file by the provider for a period of at least three (3) years.

FEE (FOR "FOR PROFIT" ORGANIZATIONS): $150.00 FOR THE FIRST CREDIT HOUR REQUESTED, $50.00 FOR EACH ADDITIONAL CREDIT HOUR. **THIS FEE IS FOR THE PROCESSING AND REVIEW OF YOUR REQUEST FOR PROVIDER APPROVAL AND MUST ACCOMPANY THIS FORM UPON SUBMISSION OF THE REQUEST.**

ALL PROVIDER APPROVAL REQUESTS MUST BE SUBMITTED TO THE BOARD FOR REVIEW NO LATER THAN 45 DAYS PRIOR TO THE BEGINNING DATE OF THE COURSE.

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CONTINUING EDUCATION PROVIDER APPLICATION

Instructor Name:

Business Address:

City, State & Zip:

Business Telephone:

Course Title and Objectives [Must relate directly to the practice of dentistry and/or dental hygiene]:

Number of Participants:

Hours of Actual Instruction:

Location/Facility Name and Address:

Date(s) of Course:

Individual Submitting Request:

Business Address:

City, State & Zip:

Business Telephone:

Date of Request:

_____

Signature of Person Authorized to Represent Course Provider

PLEASE ATTACH NAMES AND BRIEF BIOGRAPHICAL SKETCHES OF INSTRUCTORS AND OUTLINE OF COURSE, INCLUDING METHOD OF PRESENTATION TO THIS FORM.

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE.

Approved by:

Number of Hours Approved:

Effective Date of Approval:

Disapproved [Explanation]: