



Nevada State Board of Dental Examiners

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Las Vegas, NV 89118
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VOLUNTEER SERVICE PROVIDER APPLICATION

Volunteer Entity Name: _____

Business Address: _____

City, State & Zip: _____

Business Telephone: _____

Volunteer Service Program: [Must relate directly to the practice of dentistry and/or dental hygiene and provide details of the volunteer service]:

Number of Participants: _____

Location for Volunteer Service: _____

Date(s) of Volunteer Service: _____

Individual Submitting Request: _____

Business Address: _____

City, State & Zip: _____

Business Telephone: _____

Date of Request: _____

Signature of Person Authorized to Represent the Volunteer Service Entity

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

Approved by: _____

Effective Date of Approval: _____

Disapproved [Explanation]: _____