

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

CE/CPR/ACLS/PALS Extension Form

Use this form to request CE requirement extensions or variances. **This form is for COVID-19 related CE requirements only. There is a separate section for CPR etc.** This form can be used to request Live CE credits that are not already approved by the board such as AGD/PACE, ADA CERP, etc. Please check that the course you are requesting is not already approved by the board. You can find links to them here:

<http://dental.nv.gov/Licensure/Resources/CE/>

NAME _____

License# _____ Date of Request _____

Email _____

Live CE Variance:

Course Title _____

Course Date _____

Hours of Actual Instruction _____

Course Description:

Instructor Biography:

Learning Objectives:

Course Outline:

CPR/ACLS/PALS

I am requesting an extension(s) of my current certification in _____
for up to 120 days due to COVID-19 pandemic.

Current Expiration Date _____

Requested Extension Date (max 120 days) _____

Licensee Signature (digital) _____

FOR OFFICE USE ONLY -DO NOT WRITE BELOW THIS LINE

Effective Date Of Approval _____

Number of Hours Approved _____

Approved By _____

Disapproved [Explanation]:

