

NEVADA STATE BOARD OF DENTAL EXAMINERS

6010 S Rainbow Boulevard, Building A, Suite 1

Las Vegas, NV 89118

(702) 486-7044 (Telephone) / (702) 486-7046 (FAX)

FULL NAME (please print) _____

FULL MAILING ADDRESS _____

TELEPHONE _____

EMAIL _____ LICENSE NO: _____

APPLICATION FOR DENTAL SPECIALIST EXPERT

I hereby make application for the position of Dental Specialist Expert:

REQUIREMENTS:

1. Must be licensed and practicing as a specialist in Nevada for the 5 years preceding the submission of this application;
2. Nevada specialty dental license must be active and in good standing;
3. Submit a curriculum vitae and any other information you may want considered

1. List ALL states you hold, or have held (regardless of license status), a license to practice dentistry (attach additional sheet if necessary):

2. List of all office addresses in the State of Nevada in which you are currently practicing dentistry (attach additional sheet if necessary):

Office (1) name: _____

Office (1) address: _____

Office (1) telephone: _____

Office (2) name: _____

Office (2) address: _____

Office (2) telephone: _____

SIGNATURE OF LICENSEE _____

DATE _____