

### **Nevada State Board of Dental Examiners**

2651 N. Green Valley Pkwy, Ste. 104 Henderson, NV 89014 (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

OFFIC	CE USE ONLY
Date Received:	
Payment Amount:	
Staff Initials:	

## LIMITED LICENSE FOR SUPERVISION RENEWAL – JULY 1, 2024 – JUNE 30, 2025

		<b>READ THIS FOR</b>	M CAREFU	<mark>JLLY</mark>				
YOUR NEVADA DENTAL LIM REQUIRED INFORMATION								
FOR LIMITED LICENSE FOR S	SUPERVISION REI	NEWAL: Complete thi	is form with	all questions answe	red, affidavit	signed,	****	
renewal fee in the appropria education hours.	ate amount, and	attest to current CPK co	ertification c	lates and required n	number of cor	ntinuing	\$100	
Last:				Middle:	Middle:		)r·	
		<i>31.</i>		Whate.		License Numbe		
Pursuant to NAC 631.150, all li reported to the Board office in							st be	
IF YOU HAVE MORE THAN	I ONE OFFICE, PL				DING LICENS	ED DENTIST N	AME.	
Name/Practice Name/DBA:			Office Address:					
City:	Stat	te:	Zip Code:	Office Telephon	e: Oj	ffice Fax:	ice Fax:	
Select if the Practice	Address is your r	mailing address						
Home Address:			Email:					
City:	Stat	te:	Zip Code:	Home Telephon	e: Ce	Cell Phone:		
Select if the Home Ad	ddress is your ma							
All license IF YOU HAVE N	ees <b>MUST</b> comple <b>MORE THAN ONE</b>	STENCE OF NEVADA lete this section, regard E, PLEASE LIST ANY ADE S LICENSE NUMBER, STE	lless of licens	se status. Please sel JSINESS LICENSES O	lect <b>One</b> option			
I do <b>NOT</b> have a Neva	ada business lice	nse number.						
Chapter 76 and my a	pplication is pend		•					
I have a Nevada busii NRS Chapter 76. Name of Business:	ness license num	nber assigned by the Ne	vada Secret	ary of State upon co	mpliance wit	h the provisio	ns of	
	г		T		r			
Business license number:	Street Address:		City:		State:	Zip Co	ode:	
The Nevada State Board of De Nevada business license can be					usiness license	. Information a	bout the	
		CPR CERTI	FICATIO!	N				
New CPR dates:	Begin:	MM / YYYY		End:	MM / YYY	Υ		
course taken with	h an actual admir CPR issued by ce	Firm and attest that I hat inistration demonstration tructors mus	ion by me th	nat was not complet	ted online. I	understand tl	nat all	

#### REPORT OF MILITARY SERVICE

r	KEI OKI OF WHEITAKT SERVICE							
Ha	ve you ever served in the military? (If yes, you must answer the questions below)  Yes	No						
Dat	e of Service: Military Occupation Specialty/Specialties:			_				
F	rom: MM / DD/YYYY to MM /DD / YYYY							
	BRANCH OF SERVICE							
Arn	ny/Army Reserve Marine Corps/Marine corps Reserve Navy/Navy Reserve	е	l					
Air	Force/ Air Force Reserve Coast Guard/Coast Guard Reserve National Guard		1					
	OU HAVE SERVED MORE THAN ONE MILITARY BRANCH OF SERVICE, PLEASE LIST ANY MILITARY SERVICE ON A SEPARATI TE OF SERVICE, MILITARY OCCUPATION SPECIALTY/SPECIALTIES AND BRANCH OF SERVICE.	SHEE	T INCL	JDING				
	ye you ever served on active duty in the Armed Forces of the United State and separated from such service		No					
	der conditions other than dishonorable?							
	ve you ever been assigned to duty for a minimum of six (6) continuous years in the National Guard or a erve component of the Armed Forces of the United States and separated from such service under Yes	П	No	П				
	ditions other than dishonorable?	ш	110	ш				
Hav	ve you ever served the Commissioned Corps of the United States Public Health Service or the							
	nmissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the	П	No	П				
	acity of a commissioned officer while on active duty in defense of the Unites States and separated from h service under conditions other than dishonorable?							
Suc	in service under conditions other than dishonorable:							
	<u>AFFIDAVIT</u>							
l h	ereby certify the following to the Nevada State Board of Dental Examiners for the period of July 1, 2023	– June	30, 2	<u>'</u> 024:				
	Have you had any claims or complaints of malpractice filed against you, felony or misdemeanor							
1.	convictions or the suspension, revocation or probation of a license issued by this agency or another licensing jurisdiction during the period of July 1, 2023 to June 30, 2024? (If yes, please provide a written	Yes		No				
	statement outlining the facts.)							
2.	Are you subject to court order for the support of one or more children (i.e. do you have a child support	Vas		No				
۷.	order?)? (If yes, you MUST answer question (a) below):	Yes	ш	No				
	Are you in compliance with the court order or a plan approved by the District Attorney or other public agency enforcing the order for the payment or the amount owed pursuant to the court order							
	(a) for the support of one or more children?	Yes	Ш	No				
	(IF YOU ARE NOT IN COMPLIANCE, YOU MUST PROVIDE WRITTEN NOTIFICATION)							
3.	Have you complied with the provisions of NRS 631 and NAC 631 (Nevada Governing Laws)?	Yes		No				
4.	Do you continue to meet all the licensing requirements pursuant to NRS 631.271?	Yes		No				
5.	Do you have any addictions which would impair your practice of dentistry/dental hygiene pursuant to NRS	Yes	П	No				
	631 and NAC 631?							
6.	I attest by checking "yes", I am aware of the mandatory requirement to report child abuse and neglect in accordance with the laws of the State of Nevada.	Yes		No				
By s	i <mark>gning below,</mark> I hereby affirm and attest, that I have answered the above questions truthfully, accurately, and	by m	е					
-	onally, the licensee so named on this form and so stating, under penalties of perjury, that all answers provide							
-	ided willfully. I further state that I authorize and empower the Nevada State Board of Dental Examiners or its	_						
staff, or appointed authority to contact any person, firm, service, agency, entity, or the like to obtain information deemed necessary or desirable by the Board to verify any information contained in my license renewal application and affidavit.								
	ssary or acsulable by the board to verify any information contained in my license reliewal application and ann	uavil.						
	Licensee							
	Signature: Date:							
			_					



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# CREDIT CARD AUTHORIZATION FORM

Name of Person Requesting:		Mailing A	Mailing Address (where to mail document requested):		
Telephone Number:					
· ( )					
NV License Number:	☐ Dental	Suite No	.: City:		
	☐ Dental Hygiene	State	e: Zip Code:		
Dental Licensu	re Application Fees	3	Dental Hygiene Licensure Ap	plication Fees	
☐ License by Exam – WREB (\$	1200)		☐ Licensure by Exam – WREB (\$600)		
☐ License by Exam – ADEX (\$1	.200)		☐ Licensure by Exam – ADEX (\$600)		
☐ License by Endorsement (\$1200)			☐ Licensure by Endorsement (\$600)		
☐ Specialty License by Credential (\$1200)			☐ Geographically Restricted (\$150	0)	
☐ Geographically Restricted (	\$600)		☐ Limited License (\$125)		
☐ Limited License – Faculty / R			☐ Military by Reciprocity (\$600)		
☐ Limited Licensed for Supervi	sion (\$100)				
☐ Restricted License (\$125)	· · · · ·		<b>Dental Hygiene Permit Application Fees</b>		
☐ Military by Reciprocity (\$12	00)		☐ Local Anesthesia Permit (\$25)		
☐ Specialty License by App [N\	/ licensed Dentist onl	vl (\$125)	☐ Nitrous Oxide Permit (\$25)		
(If applying for a general den	tal license & specialty li		License Renewal Fees		
concurrently, application fe	e will be \$1325)		☐ Active Status \$	ces	
Dental Anest	hesia Permit Fees		☐ Inactive Status \$		
Permit Application: \$	(choose helo	w).	☐ Retired Status \$		
☐ General Anesthesia Admir	nistrator Permit(\$75	0)	☐ Disabled Status \$		
☐ Moderate Sedation Admi	• • • • • • • • • • • • • • • • • • • •	•	☐ Limited License \$		
☐ Pediatric Moderate Sedat	• • • • • • • • • • • • • • • • • • • •	•	□ Restricted License \$		
☐ Site Permit (\$500)		,	☐ License Reactivation (\$300)		
Renewal:\$ Perm	it No.:		Electise Reactivation (\$500)		
(choose one):		ate Sedation	Reinstatement of Lice	nse Fees	
☐ Site Permit		are seducion	☐ Suspended (\$300)		
Permit Re-Inspection: \$					
	ion Dormit Do incoor	tion (¢500)	Request for Duplicate Cer	tificate Fees	
(choose one): ☐ Administrat		tion (\$500)	☐ Duplicate Wall Certificate (\$25)		
☐ Site Permit Re-inspection (\$350)			☐ Name Change Fee - New Wall Certificate (\$25)		
Infection Control Inspection			☐ Duplicate DH Local Anesthesia/N2O Permit (\$25)		
☐ Initial Infection Control Inspection (\$250)			☐ Duplicate Dental Anesthesia Permit (\$25 each)		
			(Select below): O GA Admin. Permit No.: O Mod. Sedation Admin. Permit No.:		
	aneous Fees				
☐ NRS Booklet (\$3) x	☐ NAC Booklet (\$3	3) x			
☐ Returned Check Fee (\$25)	☐ Change of Addre	ess Fine (\$50)	O Peds Mod. Sed Admin. Perm	nit No.:	
☐ Civil Penalty	☐ Investigation Co	sts	O Site Permit No.:	_	
\$ <u> </u>	\$		Othory		
☐ Continuing Education Provide			Other:		
(1 <sup>st</sup> Hour = \$150 / each add					
	Total Fee: \$				
ame on Credit Card:		Method of Payment:	-	Total Amount	
		☐ MasterCard	□ Visa   □ Discover	Authorized:	
edit Card Billing Address: Credit		Credit Card Number:		7	
-					
	<u>_</u>		<del>-</del>	\$	
e. No.: City:		Fun Det-	Consulter Conde		
tate: Zip Code:		Exp. Date:	Security Code:		