

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 ANESTHESIA EVALUATOR/INSPECTOR

Pursuant to NAC 631.2221, I hereby make application for the part-time position of Anesthesia Evaluator/Inspector.

REQUIREMENTS:

1. Must hold an active Nevada dental license in good standing;
2. Must hold an active Nevada permit to administer moderate sedation or general anesthesia, in good standing for the past three (3) years;
3. Submit a curriculum vitae and any other information you may want considered;
4. List any additional advanced training or certification you have achieved

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

2. List of all office addresses in the State of Nevada in which you are currently practicing dentistry or dental hygiene (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 _____