

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

PUBLIC NOTICE REQUEST FORM

PLEASE TYPE OR PRINT CLEARLY

NAME: _____

ADDRESS: _____

*City/State/Zip _____ *Home Phone _____

* Email _____ *Cell Phone _____

Signature

Date

****You may submit this form to the Board office via email at nsbde@nsbde.nv.gov or by facsimile at (702) 486-7046.**

**** PLEASE NOTE YOUR REQUEST TO RECEIVE PUBLIC NOTICES IS VALID FOR SIX (6) MONTHS.**