



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

OFFICE USE ONLY

Date Received:

Payment Amount:

Staff Initials:

RETIRED/DISABLED DENTAL HYGIENE LICENSE RENEWAL – JULY 1, 2024 – JUNE 30, 2026

READ THIS FORM CAREFULLY

RENEWAL OF YOUR NEVADA DENTAL LICENSE IS COMPLETE UPON THE BOARD'S PHYSICAL RECEIPT OF ALL REQUIRED INFORMATION NO LATER THAN July 01, 2024: INCOMPLETE RENEWAL APPLICATIONS WILL BE RETURNED.

FOR RETIRED/DISABLED HYGIENE RENEWAL: Complete this form with all questions answered, verification Signed, and submit with renewal fee in the appropriate amount.

<input type="checkbox"/>	RETIRED \$50
<input type="checkbox"/>	DISABLED \$50

Last:	First:	Middle:	License Number:
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Pursuant to NAC 631.150, all licensees are required to keep the Board informed of their current address(es). Changes to any address must be reported to the Board office in writing (or updated online) within thirty days of such a change. All addresses are treated individually.

IF YOU HAVE MORE THAN ONE OFFICE, PLEASE LIST ANY OTHERS ON A SEPARATE SHEET INCLUDING LICENSED DENTIST NAME.

Name/Practice Name/DBA:		Office Address:		
City:	State:	Zip Code:	Office Telephone:	Office Fax:
<input type="checkbox"/> Select if the Practice Address is your mailing address				
Home Address:		Email:		
City:	State:	Zip Code:	Home Telephone/Cell:	Home Fax:
<input type="checkbox"/> Select if the Home Address is your mailing address				

REPORT OF EXISTENCE OF NEVADA BUSINESS LICENSE – NRS 622.240

All licensees **MUST** complete this section, regardless of license status. Please select **One** option:

IF YOU HAVE MORE THAN ONE, PLEASE LIST ANY ADDITIONAL BUSINESS LICENSES ON A SEPARATE SHEET INCLUDING BUSINESS LICENSE NUMBER, STREET ADDRESS, CITY, STATE AND ZIPCODE.

<input type="checkbox"/>	I do NOT have a Nevada business license number.			
<input type="checkbox"/>	I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provision of NRS Chapter 76 and my application is pending.			
<input type="checkbox"/>	I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76.			
Name of Business:				
Business license number:	Street Address:	City:	State:	Zip Code:
<i>The Nevada State Board of Dental Examiners is not the arbiter of determining whether a licensee needs a business license. Information about the Nevada business license can be found on the Secretary of State's website at: http://nvsos.gov/.</i>				

REPORT OF MILITARY SERVICE

Have you ever served in the military? (if yes, you must answer the questions below)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of Service:		Military Occupation Specialty/Specialties:	
From:	to		
BRANCH OF SERVICE			
Army/Army Reserve	<input type="checkbox"/>	Marine Corps/Marine corps Reserve	<input type="checkbox"/>
Air Force/ Air Force Reserve	<input type="checkbox"/>	Coast Guard/Coast Guard Reserve	<input type="checkbox"/>
		Navy/Navy Reserve	<input type="checkbox"/>
		National Guard	<input type="checkbox"/>
IF YOU HAVE SERVED MORE THAN ONE MILITARY BRANCH OF SERVICE, PLEASE LIST ANY MILITARY SERVICE ON A SEPARATE SHEET INCLUDING DATE OF SERVICE, MILITARY OCCUPATION SPECIALTY/SPECIALTIES AND BRANCH OF SERVICE.			

VERIFICATION

I hereby certify the following to the Nevada State Board of Dental Examiners for the period of July 1, 2022 – June 30, 2024:

1.	Have you had any claims or complaints of malpractice filed against you, felony or misdemeanor convictions or the suspension, revocation or probation of a license issued by this agency or another licensing jurisdiction during the period of July 1, 2022 to June 30, 2024. (If yes, please provide a written statement outlining the facts.)	Yes <input type="checkbox"/>		No <input type="checkbox"/>
2.	Are you subject to court order for the support of one or more children (i.e. do you have a child support order?)? <i>(If yes, you MUST answer question (a) below):</i>	Yes <input type="checkbox"/>		No <input type="checkbox"/>
	(a) 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 for the support of one or more children? <i>(IF YOU ARE NOT IN COMPLIANCE, YOU MUST PROVIDE WRITTEN NOTIFICATION)</i>	Yes <input type="checkbox"/>		No <input type="checkbox"/>
3.	Have you conducted practice within the provisions of NRS 631 and NAC 631?	Yes <input type="checkbox"/>		No <input type="checkbox"/>

By signing below, I hereby affirm and attest, that I have answered the above questions truthfully, accurately, and by me personally, the licensee so named on this form and so stating, under penalties of perjury, that all answers provided herein are provided willfully. I further state that I authorize and empower the Nevada State Board of Dental Examiners or its agents, 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 verification.

Licensee
Signature: _____

Date: _____



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CREDIT CARD AUTHORIZATION FORM

Name of Person Requesting:		Mailing Address (where to mail document requested):	
Telephone Number: () -		_____	
NV License Number:	<input type="checkbox"/> Dental <input type="checkbox"/> Dental Hygiene	Suite No.: _____	City: _____
		State: _____	Zip Code: _____

Dental Licensure Application Fees	
<input type="checkbox"/> License by Exam – WREB (\$1200)	
<input type="checkbox"/> License by Exam – ADEX (\$1200)	
<input type="checkbox"/> License by Endorsement (\$1200)	
<input type="checkbox"/> Specialty License by Credential (\$1200)	
<input type="checkbox"/> Geographically Restricted (\$600)	
<input type="checkbox"/> Limited License – Faculty / Resident (\$125)	
<input type="checkbox"/> Limited Licensed for Supervision (\$100)	
<input type="checkbox"/> Restricted License (\$125)	
<input type="checkbox"/> Military by Reciprocity (\$1200)	
<input type="checkbox"/> Specialty License by App [NV licensed Dentist only] (\$125) <i>(If applying for a general dental license & specialty license concurrently, application fee will be \$1325)</i>	

Dental Hygiene Licensure Application Fees	
<input type="checkbox"/> Licensure by Exam – WREB (\$600)	
<input type="checkbox"/> Licensure by Exam – ADEX (\$600)	
<input type="checkbox"/> Licensure by Endorsement (\$600)	
<input type="checkbox"/> Geographically Restricted (\$150)	
<input type="checkbox"/> Limited License (\$125)	
<input type="checkbox"/> Military by Reciprocity (\$600)	

Dental Hygiene Permit Application Fees	
<input type="checkbox"/> Local Anesthesia Permit (\$25)	
<input type="checkbox"/> Nitrous Oxide Permit (\$25)	

License Renewal Fees	
<input type="checkbox"/> Active Status \$ _____	
<input type="checkbox"/> Inactive Status \$ _____	
<input type="checkbox"/> Retired Status \$ _____	
<input type="checkbox"/> Disabled Status \$ _____	
<input type="checkbox"/> Limited License \$ _____	
<input type="checkbox"/> Restricted License \$ _____	
<input type="checkbox"/> License Reactivation (\$300)	

Dental Anesthesia Permit Fees	
Permit Application: \$ _____ (choose below):	
<input type="checkbox"/> General Anesthesia Administrator Permit (\$750)	
<input type="checkbox"/> Moderate Sedation Administrator Permit (\$750)	
<input type="checkbox"/> Pediatric Moderate Sedation Administrator Permit (\$750)	
<input type="checkbox"/> Site Permit (\$500)	
Renewal: \$ _____ Permit No.: _____	
(choose one): <input type="checkbox"/> General Anesthesia <input type="checkbox"/> Moderate Sedation	
<input type="checkbox"/> Site Permit	
Permit Re-Inspection: \$ _____	
(choose one): <input type="checkbox"/> Administration Permit Re-inspection (\$500)	
<input type="checkbox"/> Site Permit Re-inspection (\$350)	

Reinstatement of License Fees	
<input type="checkbox"/> Suspended (\$300) <input type="checkbox"/> Revoked (\$500)	

Request for Duplicate Certificate Fees	
<input type="checkbox"/> Duplicate Wall Certificate (\$25)	
<input type="checkbox"/> Name Change Fee - New Wall Certificate (\$25)	
<input type="checkbox"/> Duplicate DH Local Anesthesia/N2O Permit (\$25)	
<input type="checkbox"/> Duplicate Dental Anesthesia Permit (\$25 each)	
(Select below):	
<input type="radio"/> GA Admin. Permit No.: _____	
<input type="radio"/> Mod. Sedation Admin. Permit No.: _____	
<input type="radio"/> Peds Mod. Sed Admin. Permit No.: _____	
<input type="radio"/> Site Permit No.: _____	

Infection Control Inspection	
<input type="checkbox"/> Initial Infection Control Inspection (\$250)	

Miscellaneous Fees	
<input type="checkbox"/> NRS Booklet (\$3) x _____	<input type="checkbox"/> NAC Booklet (\$3) x _____
<input type="checkbox"/> Returned Check Fee (\$25)	<input type="checkbox"/> Change of Address Fine (\$50)
<input type="checkbox"/> Civil Penalty \$ _____	<input type="checkbox"/> Investigation Costs \$ _____
<input type="checkbox"/> Continuing Education Provider Fee: (1 st Hour = \$150 / each additional hour = \$50)	
Total Hours: _____ Total Fee: \$ _____	

Other: _____

Name on Credit Card:	Method of Payment: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover	Total Amount Authorized: \$ _____
Credit Card Billing Address:	Credit Card Number:	
Ste. No.: _____ City: _____ State: _____ Zip Code: _____	Exp. Date: _____ - _____ Security Code: _____	

Purchaser's Signature: _____ **Date:** ____/____/____

**** THERE IS A 7 to 15 BUSINESS DAY PROCESSING PERIOD FOR ALL REQUESTS****

Form accepted by mail or fax (see the top of the page), or email PDF to nsbde@dental.nv.gov