



Nevada State Board of Dental Examiners

2651 N. Green Valley Pkwy, Ste. 104
Henderson, NV 89014

INFECTION CONTROL INITIAL INSPECTION

Pursuant to NAC 631.1785, you are required to, no later than thirty (30) days after a licensed dentist becomes the owner of an office or facility in this State where dental treatments are to be performed, make a request in writing that the Board conduct an initial inspection of the office or facility and submit the applicable fee of \$250.00 to ensure compliance with CDC guidelines adopted by reference pursuant to NAC 631.178.

INFECTION CONTROL INITIAL INSPECTION REQUEST FORM **(Inspection Fee: \$250.00)**

Licensee Name: _____

Office Address: _____

Office Phone Number: (____) _____

Office Fax Number: (____) _____

I, _____, request an infection control initial site inspection be conducted at the location listed above, in accordance with NAC 631.1785.

Signature: _____

Date: _____



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(702) 486-7044 (800) DDS-EXAM FAX (702) 486-7046

INFECTION CONTROL INSPECTION PAYMENT FORM

CREDIT CARD AUTHORIZATION

RENEWAL FEES MAY BE PAID BY VISA, MASTERCARD, DISCOVER CARD, CHECK, OR MONEY ORDER.

FOR PAYMENT BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:

CHARGE FEE OF \$: _____

PLEASE CIRCLE ONE: VISA MASTERCARD DISCOVER CARD

CREDIT CARD NUMBER: _____ **EXP DATE:** _____

NAME ON CARD: _____ **SECURITY CODE:** _____

BILLING ADDRESS FOR CREDIT CARD: _____

TELEPHONE NUMBER: (_____) _____

SIGNATURE: _____

FOR PAYMENT BY CHECK / MONEY ORDER, MAKE PAYABLE TO: NEVADA STATE BOARD OF DENTAL EXAMINERS

INCLUDE ALL FEES



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(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046
nsbde@dental.nv.gov

HOURS OF OPERATION FORM

Dentist's Name: _____ Date: _____

Practice Name _____

Address: _____ Suite No.: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Practice Contact Name: _____

Telephone: _____ Email: _____

CONTACT PERSON INFORMATION

Name: _____

Telephone: _____ Fax: _____

Email: _____

HOURS OF OPERATION

Monday From: _____ To: _____

Tuesday From: _____ To: _____

Wednesday From: _____ To: _____

Thursday From: _____ To: _____

Friday From: _____ To: _____

Saturday From: _____ To: _____

Sunday From: _____ To: _____