



## **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

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### **FACT SHEET**

#### **APPLICANTS FOR LIMITED LICENSURE FOR SUPERVISION OF LIVE PATIENT CONTINUING EDUCATION COURSES (NRS 631.2715)**

Thank you for your interest in applying for a limited licensure to supervise continuing education courses with live patients in the State of Nevada.

Pursuant to NRS 631.2715: The Board shall, without a clinical examination required by NRS 631.240 or 631.300, issue a limited license to a person to supervise courses of continuing education involving live patients at an institute or organization with a permanent facility registered with the Board for the sole purpose of providing postgraduate continuing education in dentistry.

#### Application:

1. The application form. This form must be complete and notarized.
2. The application fee in the amount of \$100.00 (This fee may be remitted in the form of cashiers check, money order, or Mastercard or Visa Charge
3. Certified copy of transcript from a dental school accredited by the Commission on dental Accreditation of the American Dental Association or its successor.

Upon receipt of the completed application fee (\$100.00) and certified transcript from a dental school accredited by the Commission on dental Accreditation of the American Dental Association or its successor by the your application will be reviewed by the Secretary-Treasurer to ensure compliance. If the application is found to be in compliance, the Secretary-Treasurer shall instruct the Executive Director to issue the license.

NRS 631.2715 Limited license to supervise certain courses of continuing education.

1. The Board shall, without a clinical examination required by [NRS 631.240](#) or [631.300](#), issue a limited license to a person to supervise courses of continuing education involving live patients at an institute or organization with a permanent facility registered with the Board for the sole purpose of providing postgraduate continuing education in dentistry if the person has received a degree from a dental school or college accredited by the Commission on Dental Accreditation of the American Dental Association or its successor.

2. A limited license issued pursuant to this section expires 1 year after the date of its issuance and may be renewed annually upon submission of proof acceptable to the Board of compliance with subsection 1 and payment of any fee required pursuant to subsection 3.

3. The Board may impose a fee of not more than \$100 for the issuance and each renewal of a limited license issued pursuant to this section.

4. A limited license issued pursuant to this section may be suspended or revoked by the Board if the holder of the limited license:

(a) Has had a license to practice dentistry suspended, revoked or placed on probation in another state, territory or possession of the United States, the District of Columbia or a foreign country;

(b) Has been convicted of a felony or misdemeanor involving moral turpitude; or

(c) Has a documented history of substance abuse.

5. A holder of a limited license issued pursuant to this section shall notify the Board in writing by certified mail not later than 30 days after:

(a) The death of a patient being treated by a dentist under the supervision of the holder of a limited license;

(b) Any incident which:

(1) Results in the hospitalization of or a permanent physical or mental injury to a patient being treated by a dentist under the supervision of the holder of a limited license; and

(2) Occurs while the dentist is treating the patient under the supervision of the holder of a limited license; or

(c) Any event or circumstance described in subsection 4.

(Added to NRS by [2009, 1525](#))



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## APPLICATION FOR NEVADA LIMITED LICENSURE FOR SUPERVISION (\$100)

**NOTE:** An application is considered complete when the application, all required documents, background information, and fees are on file with the Board office. APPLICATION FEES MUST BE PAID IN ADVANCE AND MAY NOT BE REFUNDED PURSUANT TO NEVADA REVISED STATUTE (NRS) 631.345.

Please type or print legibly. All questions must be answered. If additional space is needed, attach a separate sheet identifying additional information by Section number. Applicants acknowledge they have a continuing responsibility to update all information contained in this application until such time as the Board takes final action on this application. Failure of an applicant to update the information prior to final action of the Board is grounds for subsequent disciplinary action.

Last:		First:		Middle:	Suffix:
Soc. Security #:	Age:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Birthdate:	Birthplace (City, County, State, & Country):
Have you ever been known by any other name? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, state in full every other name by which you have been known, the reason therefore, and the inclusive dates so known:					
If a married woman, state maiden name:					
<i>If a name change was made by court order, attach a CERTIFIED COPY of the court order.</i>					

<b>(A) CURRENT ADDRESSES</b>				
Current Home Address:		City:	State:	Zip code:
Telephone Residence:	Telephone Cell:	Email address:		
<input type="checkbox"/> Select if Home Address is your correspondence address				
Current Practice Address (if any):		City:	State:	Zip Code:
Telephone:	Fax:			
<input type="checkbox"/> Select if Practice Address is your correspondence address				

<b>(B) PERMANENT FACILITY (at which you will supervise courses)</b>		
Name of Facility:		Address:
City:	State:	Zip Code:



**(G) AFFIDAVIT AND PLEDGE**

*I hereby expressly waive all provisions of law forbidding any physician or other person who has attended or examined me or who may hereafter attend or examine me from disclosing any knowledge or information that is thereby acquired, and I hereby consent that such knowledge or information may be disclosed to the Nevada State Board of Dental Examiners.*

*The person named as the applicant in the foregoing application and questionnaire, being first duly sworn, deposes and says: I am the applicant for dental licensure referred to; and I have carefully read and understand the questions in the foregoing questionnaire and have answered them truthfully, fully, and completely, without mental reservation of any kind. I further understand I have a continuing obligation to inform the Board should any of my answers since filing this application change prior to the Board issuing my license. In the event I fail to update the answers which have changed since submitting this application, I understand that such failure is ground for revocation of any license issued or denial of the application.*

*I hereby authorize educational and other institutions, my references (past and present), business and professional associates (past and present), insurance carriers, professional societies, governmental agencies and instrumentalities (local, state, federal or foreign), and independent information gathering services to release to the Nevada State Board of Dental Examiners any information, files or records requested by the Board in connection with the processing of this application.*

*I hereby pledge myself to the highest standards and ethics in the Practice of Dentistry and further pledge to abide by the laws and regulations pertaining to the practice of dentistry. I understand that a violation of this pledge may be deemed sufficient cause for the revocation of a license issued by the Board.*

*I hereby understand and agree that the title of all licenses shall remain with the Nevada State Board of Dental Examiners and subject to surrender by Order of said Board.*

***I UNDERSTAND THAT ANY OMISSIONS, INACCURACIES, OR MISREPRESENTATIONS OF INFORMATION ON THIS APPLICATION ARE GROUNDS FOR REJECTION OF THIS APPLICATION AND THE REVOCATION OF A LICENSE WHICH MAY HAVE BEEN OBTAINED THROUGH THIS APPLICATION.***

**APPLICANT**

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Applicant (printed) Last Name, First, MI, Suffix (e.g., Jr.)*

\_\_\_\_\_  
*Date of Signature (must correspond with notary date)*

\_\_\_\_\_  
*Applicants Date of Birth (month/day/year)*

\_\_\_\_\_  
*Social Security Number*

**NOTARY**

State of \_\_\_\_\_ County of \_\_\_\_\_

*The statement on this document are subscribed and sworn before me this*

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
*Notary Public*

\_\_\_\_\_  
*My Commission Expires*



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## NOTARIZED AUTHORIZATION FOR RELEASE OF INFORMATION, DOCUMENTS AND RECORDS

I, \_\_\_\_\_, designate the Nevada State Board of Dental Examiners to collect, verify and maintain information, and copies of documents and records that can subsequently be provided to professional licensing boards, hospitals and other entities when I apply for licensure, staff membership, employment, or other privileges.

I request and authorize every person, institution, professional licensing board or any state in which I hold or may have held a license to practice my professional, Joint Commission on National Dental Examinations, hospital, clinic, government agency (local, state, federal or foreign), law enforcement agency, or other third parties and organizations, and their representatives to release information, records, transcripts, and other other documents, concerning my professional qualifications and competence, ethics, character, and other information pertaining to me to the Nevada State Board of Dental Examiners.

I further request and authorize that the requested information, documents and records be sent directly to:

Nevada State Board of Dental Examiners  
6010 S Rainbow Blvd., Suite A-1  
Las Vegas, NV 89118

I hereby release, discharge, and hold harmless the Nevada State Board of Dental Examiners, or representatives and any person furnishing information, records, or documents of any and all liability. I authorize the Nevada State Board of Dental Examiners to release information, material, documents, orders or the like relating to me or this application to any entity at my request.

By my signature below, I acknowledge that information, documents and records required to be furnished by another organization, educational institutions, individual, or any person or groups must be sent directly by such persons to Nevada State Board of Dental Examiners. I understand that Nevada State Board of Dental Examiners will not accept such information, records, or documents forwarded by me.

A photocopy or facsimile of this authorization shall be as valid as the original and shall be valid for a period of one (1) year from the date of signature.

### APPLICANT

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Applicant (printed) Last Name, First, MI, Suffix (e.g., Jr.)*

\_\_\_\_\_  
*Date of Signature (must correspond with notary date)*

\_\_\_\_\_  
*Applicants Date of Birth (month/day/year)*

\_\_\_\_\_  
*Social Security Number*

### NOTARY

State of \_\_\_\_\_ County of \_\_\_\_\_

*The statement on this document are subscribed and sworn before me this*

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
*Notary Public*

\_\_\_\_\_  
*My Commission Expires*



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

<b>DESCRIPTION OF PURCHASE</b>	<b>TOTAL</b> \$
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<b>Dental Application Fees:</b> <input type="checkbox"/> WREB Dental (\$1200) <input type="checkbox"/> ADEX Dental (\$1200) <input type="checkbox"/> License by Endorsement (\$1200) <input type="checkbox"/> Specialty Credential (\$1200) <input type="checkbox"/> Geographically Restricted (\$600) <input type="checkbox"/> Limited License (\$125) <input type="checkbox"/> Limited License for Supervision (\$100) <input type="checkbox"/> Restricted (\$125) <input type="checkbox"/> Military by Reciprocity (\$600) <input type="checkbox"/> Specialty (NV licensed Dentist Only) (\$125) <i>(If applying for a general dental license and specialty license concurrently, application fee will be \$1325)</i>	<b>Licensure Fees:</b> <table style="width:100%;"> <tr> <td style="width:50%;">           Dental Renewal:  <input type="checkbox"/> Active (\$600)  <input type="checkbox"/> Inactive (\$200)  <input type="checkbox"/> Limited (\$200)  <input type="checkbox"/> Restricted (\$100)  <input type="checkbox"/> Retired (\$50)         </td> <td style="width:50%;">           Hygiene Renewal:  <input type="checkbox"/> Active (\$300)  <input type="checkbox"/> Inactive (\$50)  <input type="checkbox"/> Limited (\$200)  <input type="checkbox"/> Retired (\$50)         </td> </tr> </table> <hr/> <b>Reinstatement Fee:</b> <input type="checkbox"/> Revoked (\$500) <input type="checkbox"/> Suspended (\$300)	Dental Renewal: <input type="checkbox"/> Active (\$600) <input type="checkbox"/> Inactive (\$200) <input type="checkbox"/> Limited (\$200) <input type="checkbox"/> Restricted (\$100) <input type="checkbox"/> Retired (\$50)	Hygiene Renewal: <input type="checkbox"/> Active (\$300) <input type="checkbox"/> Inactive (\$50) <input type="checkbox"/> Limited (\$200) <input type="checkbox"/> Retired (\$50)
Dental Renewal: <input type="checkbox"/> Active (\$600) <input type="checkbox"/> Inactive (\$200) <input type="checkbox"/> Limited (\$200) <input type="checkbox"/> Restricted (\$100) <input type="checkbox"/> Retired (\$50)	Hygiene Renewal: <input type="checkbox"/> Active (\$300) <input type="checkbox"/> Inactive (\$50) <input type="checkbox"/> Limited (\$200) <input type="checkbox"/> Retired (\$50)		

<b>Dental Hygiene Application Fees:</b> <input type="checkbox"/> WREB Hygiene (\$600) <input type="checkbox"/> ADEX Hygiene (\$600) <input type="checkbox"/> Geographically Restricted (\$150) <input type="checkbox"/> Limited License (\$125) <input type="checkbox"/> Local Anesthesia/N2O Permit(s) (\$25 each)	<b>Certificate(s):</b> <input type="checkbox"/> Wall Certificate (\$25) <input type="checkbox"/> Pocket Card (\$25) <input type="checkbox"/> Dental Anesthesia Wall Certificate (\$25) <input type="checkbox"/> Local anesthesia/N2O Wall Certificate (\$25) <input type="checkbox"/> Exam Verification Certificate (\$25) <input type="checkbox"/> License Verification Certificate (\$25)
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<b>Anesthesia Permit Fee:</b> <input type="checkbox"/> General Anesthesia Application (\$750) <input type="checkbox"/> Conscious Sedation Application (\$750) <input type="checkbox"/> Administration Re-inspection Fee (\$500) <input type="checkbox"/> Site Permit Application (\$500) <input type="checkbox"/> Site Re-inspection Fee (\$350)	<b>Miscellaneous:</b> <input type="checkbox"/> Continuing Education Provider Fee (\$150 1 <sup>st</sup> hour, \$50 each additional hours) <input type="checkbox"/> NRS/NAC Booklets (\$3 each) <input type="checkbox"/> Return Check Fee (\$25) <input type="checkbox"/> Change of Address Fine (\$50) <input type="checkbox"/> Investigation Costs <input type="checkbox"/> Civil Penalty
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<b>Other:</b> _____ _____ _____ _____	
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Name on Credit Card: _____	Method of Payment: Master card <input type="checkbox"/> Visa <input type="checkbox"/> Discover Card <input type="checkbox"/> Check <input type="checkbox"/>
Credit Card Billing Address: _____ _____	Credit Card Number: ____ - ____ - ____ - ____ - ____
Suite No. : _____ City: _____ State: _____ Zip Code: _____	Exp. Date: ____ - ____     Security Code# ____

**Purchasers Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*PERSONAL & BUSINESS CHECKS ONLY ACCEPTED IF YOU ARE A CURRENT LICENSEE IN GOOD STANDING\*\*  
 \*\*THERE IS A 7 TO 15 BUSINESS DAY PROCESSING PERIOD FOR ALL REQUESTS\*\*