



# 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

## APPLICATION FOR SITE PERMIT CONSCIOUS SEDATION

NAME OF OWNER/LICENSEE: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_

SITE NAME & LOCATION ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SITE PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ SITE FAX NUMBER: (\_\_\_\_\_) \_\_\_\_\_

DO YOU HAVE A CONSCIOUS SEDATION PERMIT? YES \_\_\_\_ NO \_\_\_\_

ANY SPECIFIC DAY YOU PREFER TO BE SCHEDULED FOR THE INSPECTION: \_\_\_\_\_

NAME OF PERSON(S) ADMINISTERING: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

*I hereby acknowledge I must maintain at the above location at all times the required emergency drugs, equipment and records of patients pursuant to NAC 631.2227, NAC 631.2229 and NAC 631.2231.*

*I further acknowledge I will be present at the scheduled conscious sedation site inspection. If I am unavailable to be present at the site inspection I will arrange to have the person identified as the licensee administering the CONSCIOUS SEDATION be present in my absence.*

\_\_\_\_\_  
Signature of OWNER/LICENSEE

*Notary Seal*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary

NOTE: Please return this form and payment of \$500.00 for the site inspection/evaluation fee.