



Nevada 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

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: _____	

DESCRIPTION OF PURCHASE	TOTAL \$
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Dental Application Fees: <input type="checkbox"/> WREB Dental (\$1200) <input type="checkbox"/> ADEX Dental (\$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"/> Specialty (NV licensed Dentist Only) (\$125) <i>(If applying for a general dental license and specialty license concurrently, application fee will be \$1325)</i>	Licensure Fees: <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/> Reinstatement Fee: <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)		

Dental Hygiene Application Fees: <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)	<input type="checkbox"/> General Anesthesia Permit Renewal (\$200) <input type="checkbox"/> Conscious Sedation Permit Renewal (\$200) <input type="checkbox"/> Site Permit Renewal (\$200) <input type="checkbox"/> License Reactivation (\$300)
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Anesthesia Permit Fee: <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)	Certificate(s): <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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Other: _____ _____ _____ _____	Miscellaneous: <input type="checkbox"/> Continuing Education Provider Fee (\$150 1 st 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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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: _____	Exp. Date: ____ - ____	Security Code# ____ - ____
State: _____ Zip 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