



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: _____



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

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