



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

NOTIFICATION OF NAME CHANGE

I, _____ hereby certify I am currently licensed
Last Name First Middle
 to practice dentistry/dental hygiene (circle one) in the state of Nevada and hold license number _____,
 issued under the name of _____ . I have
Last Name First Middle
 assumed the name of _____, based on the
Last Name First Middle
 following (check one): **Court Order** ____ **Dissolution of Marriage*** ____
 Marriage Certificate ____ **Naturalization** ____ **Other** _____
 (Specify)

Signature _____ Date _____

Current Mailing Address: _____

Current Phone: Home: _____ / Cell: _____

The following information and documentation must be received in the Board office prior to recognition of name change:

1. **Completed and signed Notification of Name Change form;**
2. **Copy of legal document allowing the name change (i.e. marriage certificate, court order, divorce decree, etc.). If providing a copy of a divorce decree, the only pages required for submission are the first page (showing the names of the Petitioner/Defendant) and the page outlining the name change.**
3. **Non-refundable fee in the amount of \$25 for a new wall certificate**