



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)

The Nevada State Board of Dental Examiners will recognize a name change upon receipt of this completed notification and a copy of the legal document allowing the name change.

Signature _____ Date _____

Current Mailing Address: _____

Current Phone: Home: _____ / Cell: _____

*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/awarding the name change.