



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 TO REACTIVATE AN INACTIVE / RETIRED LICENSE

Name _____ Current Phone _____

Complete Mailing Address _____

I, _____, wish to reactivate my inactive Dental / Dental Hygiene (circle one) license number _____, which was placed on inactive/retired status on _____. I certify (choose one below):

_____ I have maintained an active license and practice (active license and working) outside the state of Nevada during the period my Nevada license has been **inactive**;

Requirements for reactivation are:

1. Payment of the reactivation fee of **\$300.00** in addition to the pro-rated current active license fees. You will need to contact the Board office for confirmation of the correct fees to pay;
2. Provide a list of employment during the time the Nevada license was inactive;
3. Submit proof of current CPR certification (online certification is NOT acceptable);
4. Submit proof of completion of continuing education credits as follows (courses must be completed within the previous 12 months):
 - a. For Dentists reactivating, 20 credit hours are required (of those 20, a minimum of 10 MUST be live-instruction and a minimum of 2 must be in infection control);
 - b. For Hygienists reactivating, 15 credit hours are required (of those 15, a minimum of 7.5 MUST be live-instruction and a minimum of 2 must be in infection control);
5. A current self-query report from the National Practitioners Data Bank dated (no more than 90 days old; copies not accepted);
6. Provide certification letter (no more than 90 days old) from each state in which you currently hold a license (regardless of the status) to practice dentistry or dental hygiene, that the license is in good standing and that no proceedings which may affect that standing are pending;

_____ I have not maintained an active license and practice (no active license and not working) for one or more years outside the state of Nevada during the period my Nevada license has been **inactive or retired**;

Requirements for reactivation are:

1. **For licenses on inactive/retired status for less than 2 years:**
 - a. Complete items (1) through (5) above.
2. **For licenses on inactive/retired status for 2 years or more:**
 - a. Complete items (1) through (5) above;
 - b. Pass such additional examinations for licensure as the Board may prescribe.

I attest that I am in compliance with the reporting requirements regarding service of claims or complaints of malpractice, felony or misdemeanor convictions, the suspension, revocation or probation of my license by another licensing jurisdiction or child support order (if applicable) pursuant to NAC 631.155 and NRS 631.225. If not previously reported, **FULL DISCLOSURE OF EACH SUCH CASE MUST BE ENCLOSED WITH THIS REACTIVATION APPLICATION.**

I authorize and empower the Nevada State Board of Dental Examiners or its agent to contact any person, firm, service, agency, or the like to obtain information deemed necessary or desirable by the Board to verify any information contained in my application to reactivate my inactive/retired license based upon this affidavit. I acknowledge I have a continuing responsibility to update all information contained in this application until such time as the Board takes action on this application. Failure of an applicant to update the information prior to final action of the Board is grounds for subsequent disciplinary action.

SIGNATURE OF LICENSEE _____ DATE _____

SUBSCRIBED TO AND SWORN BEFORE ME, this _____ day of _____, 20_____

SEAL

NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE