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

STATEMENT of TEMPORARY DENTAL LICENSE APPLICANT

I, ______, hereby apply for a temporary dental license pursuant to the Nevada State Board of Dental Examiners' Memorandum dated July 14, 2020. I have been unable to take and pass the required dental clinical examination (ADEX or WREB) due to the COVID-19 pandemic.

I agree to comply with all temporary dentist license requirements set forth in said Memorandum. I understand the temporary license will expire ninety (90) days after the Governor rescinds the declared state of emergency for COVID-19, regardless of the date of issue.

I further certify that Dr. ______, DDS/DMD, is currently a Nevadalicensed dentist with no less than five years' experience as a licensed dentist and said doctor has agreed to provide direct supervision to me during any time I practice under a temporary dentist license. Said doctor is located in the state of Nevada at the following address:

| Office Name: |
|---------------------|
| treet Address: |
| Tity / State / Zip: |
| Office Telephone: |

I am / am not (must circle one) currently scheduled to take a dental clinical examination. The exam name (ADEX or WREB), date and location of any scheduled dental clinical examination is as follows:

| | Printed Name of Applicant |
|--|---------------------------|
| | Signature of Applicant |
| State of) | |
|) ss: | |
| County of) | |
| Signed and sworn to (or affirmed) before me by | , |
| 2020 | (Name of Applicant) |
| on, 2020. (Date) | |
| | Notary Public |
| | My Commission Expires: |