

# 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 SUPERVISING DENTIST for TEMPORARY DENTAL LICENSE APPLICANT

I, \_\_\_\_\_, (hereinafter referred to as "Dentist") am aware that \_\_\_\_\_, (hereinafter referred to as "Applicant") has applied to the Nevada State Board of Dental Examiners (hereinafter referred to as "NSBDE") for a Temporary Dental License pursuant to the NSBDE's Memorandum dated July 14, 2020 (hereinafter referred to as "the Memorandum"). I am further aware that Applicant has informed NSBDE on said Application that Dentist has agreed to provide direct supervision to Applicant during any time Applicant practices under a temporary dentist license. Dentist hereby agrees to be provide direct supervision to and of the Applicant for and during all times the Applicant is practicing dentistry under any Temporary Dental License issued to Applicant by NSBDE. Dentist certifies and affirms that Dentist is a currently licensed Nevada dentist in good standing with no less than five years' experience as a licensed dentist.

Dentist states that Dentist has read and is familiar with all the terms and provisions of the Memorandum. Dentist states that Dentist has also read and is familiar with NRS 631.105 which defines "*supervision by a dentist*" to mean that a dentist is physically present in the office where the procedures being performed by Applicant while these procedures are being performed by Applicant; and that the dentist is capable of responding immediately if any emergency should arise.

Dentist states and agrees that Dentist will immediately notify NSBDE in writing at the above address or any other address designated by NSBDE that Dentist will no longer provide direct supervision to Applicant. Dentist further agrees and states that Dentist will immediately notify NSBDE in writing at the above address or at any other address designated by NSBDE that Applicant is no longer employed by Dentist or by Dentist's employer. Dentist further states and agrees that Dentist will immediately notify NSBDE in writing at the above address or any other address designated by NSBDE that Applicant has endangered the health and/or safety of any patient or that Applicant has violated any provision(s) of NRS 631 or NAC 631. The word "immediately" as used in this paragraph is defined to mean within seventy-two (72) hours of the act, event, incidence, or occurrence that Dentist is required to report to NSBDE.

