



Nevada State Board of Dental Examiners

2651 N. Green Valley Parkway, Suite 104, Henderson, NV 89014
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046
nsbde@dental.nv.gov

PROVIDER APPROVAL APPLICATION: LASER RADIATION PROFICIENCY PROGRAM

SUBMISSION GUIDELINES

Please comply with the following:

Program(s) granted Board approval will be conducted as educational programs and meet the following minimum requirements:

- 1) Instruction shall be conducted on the same education standards of scholarship and teaching as that required of a true university discipline.
- 2) The laser proficiency program shall conform to the purpose and method of higher education.
- 3) The provider of the laser proficiency program shall be able to demonstrate to the Board that an opportunity to enroll in such courses of study is available to ALL dental and dental hygiene licensees.

The Nevada State Board of Dental Examiners reserves the right to monitor any and all programs being conducted by an approved provider.

Each approved provider **must** furnish a certificate of completion to all Nevada dental and dental hygiene licensees who complete the program.

FEE: \$150.00 FOR THE FIRST CREDIT HOUR REQUESTED, \$50.00 FOR EACH ADDITIONAL CREDIT HOUR. THIS FEE IS FOR THE PROCESSING AND REVIEW OF YOUR REQUEST FOR PROVIDER APPROVAL AND MUST ACCOMPANY THIS FORM UPON SUBMISSION OF THE REQUEST.

ALL PROVIDER APPROVAL REQUESTS MUST BE SUBMITTED TO THE BOARD FOR REVIEW NO LATER THAN 45 DAYS PRIOR TO THE BEGINNING DATE OF THE COURSE.



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Instructor's Name:
Program Title and Objectives [<i>Must relate directly to the practice of dentistry and/or dental hygiene</i>]:
Number of Participants:
Hours of Actual Instruction (didactic/hands-on):
Facility Name and Address:
Date(s) of Program:
Entity Submitting Request:
Business Address:
City, State & Zip code:
Business Telephone:
Email Address:
Date of Request:

Signature of Person Authorized to Represent Program

PLEASE ATTACH NAME(S) AND CURRICULUM VITAE(S) FOR EACH INSTRUCTOR, THE OUTLINE OF COURSE (including method of presentation), AND A LETTER SIGNED BY THE PERSON(S) WHO HOLD PROPRIETARY RIGHTS TO THE PROGRAM GRANTING THE BOARD PERMISSION TO REVIEW THEIR PROGRAM.

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Approved by:
Number of Hours Approved:
Effective Date or Approval:
Disapproved [Explanation]: