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
MODERATE SEDATION PROGRAM
(Patients 13 years of age or older)

SUBMISSION GUIDELINES

Please comply with the following:

I certify that the program if granted Board approval will be conducted as an educational program and will 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 course or topic of instruction shall conform to the purpose and method of higher education.

3) The completion of a course of study, subject to the approval of the Board, shall be not less than 60 hours dedicated exclusively to the administration of moderate sedation, and the successful administration as the operator of moderate sedation to no less than 20 patients.

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.

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

MODERATE SEDATION PROGRAM PROVIDER APPROVAL REQUEST
(Patients 13 years of age or older)

Pursuant to NAC 631.2213(2)(a) which states: The completion of a course of study, subject to the approval of the Board, of not less than 60 hours dedicated exclusively to the administration of moderate sedation, and the successful administration as the operator of moderate sedation to no less than 20 patients:

Business Name:
Business Address:
Business Telephone
Comprehensive Course Materials and Objectives: **Please submit copies of all course materials.**
Hours of Actual Instruction:
Location/Facility Name and Address:
Instructor's Name:
Date(s) of Course:
Individual Submitting Request:
Business Address:
City, State & Zip code:
Business Telephone:
Email Address:
Date of Request:

Signature of Person Authorized to Represent Program Provider

PLEASE ATTACH NAMES AND BRIEF BIOGRAPHICAL SKETCHES OF INSTRUCTORS AND OUTLINE OF COURSE, INCLUDING METHOD OF PRESENTATION TO THIS FORM.

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

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